

Employee Referral Introduction Form

Instructions:

1. Please attach this form to the resume and submit to Human Resources.
2. If referral form is not completed prior to the start date of the candidate the referral bonus will not be approved.

Your Name: _____

Referral Name: _____

Your Position: _____

Position Referred to: _____

Your Contact Number: _____

Candidate Number: _____

Acknowledgement Statement

I verify that I referred _____ to Circle of Care for the position of
(name of candidate)

(position referred to)

Signature: _____ Date: _____

Authorization/Approvals

Department/Head: _____ Date: _____

Human Resources: _____ Date: _____

Referral Bonus Amount: _____

Additional Notes: