# Employee Referral Form

## Employee Information

| Print Name | | Date | Position Title |
| --- | --- | --- | --- |
|  | |  |  |
| Main Phone Number | Alternate Phone Number | Email Address | |
|  |  |  | |



## Referral Information

| Print Name | Position Referred for |
| --- | --- |
|  |  |
| Referral Phone Number | Referral Email Address |
|  |  |

**Brief description of your connection:**  
  
Upon receipt of your referral, [Company Representative] will review your submission and contact you with any additional questions. For additional information regarding the employee referral benefit program, please see the Employee Referral Program policy in the employee handbook. 

[Company Representative] will inform you of the outcome of your referral within [insert timeframe] of the hiring decision. We appreciate your recommendation!