

EMPLOYEE REFERRAL FORM

Thank you for participating in Menno Place's Employee Referral Pilot Program!

Please attach the resume of the person that you are referring to this completed application.

Your Information:

Employee ID Number #: _____ Employee Name: _____

Employee Position: _____ Employee Department: _____

Name of Referred Candidate: _____

Has the **Referred Candidate** previously worked for any Menno Place business? Yes No

If so, when? _____ (dates) Which business? Home Hospital
Apartments MBS

To which position for which you are referring the Candidate? _____

<p>For Admin Use Only</p> <p>Employee receiving Award – Name: _____ Department: _____</p> <p>Referred Employee: _____ Department: _____</p> <p>Award Amount: _____ Date of Hire: _____</p> <p>Effective Pay Date (+90 days from Date of Hire): _____</p> <p>Charged to Department (Name): _____</p> <p>Authorized by: _____</p>
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