MENNO PLACE

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? _____

For Admin Use Only

Employee receiving Award – Name: _____ Department: _____

Referred Employee: _____ Department: _____

Award Amount: _____ Date of Hire: _____

Effective Pay Date (+90 days from Date of Hire): _____

Charged to Department (Name): _____

Authorized by: _____