

Departmental Employee Referral Form

Please complete this form to refer a candidate for an open position within the department. Print and submit the completed form to the Human Resources representative.

1. Referrer Information (Your Details)

Employee Full Name:

Job Title:

Current Department:

Work Email Address:

Phone Number:

2. Candidate Information (The Person You Are Referring)

Candidate Full Name:

Candidate Phone Number:

Candidate Email Address:

Referred Position / Job Title:

Referred Department:

3. Referral Details

How do you know the candidate? (e.g., former colleague, classmate):

Why is this candidate a good fit for this department? (Briefly list key strengths):

4. Signatures (For Print Use)

Employee Signature:

Date (MM/DD/YYYY):

Departmental / HR Use Only

Date Form Received:

HR Representative Name:

Action Taken: