

# External Referral Program Submission Form

Please complete this form to submit your candidate referral. Print this form, fill out all required fields, and submit it to the Human Resources department.

## 1. Referrer Information (Your Details)

Full Name:

Email Address:

Phone Number:

Relationship to Candidate:

## 2. Candidate Information

Candidate's Full Name:

Candidate's Email Address:

Candidate's Phone Number:

Referred Position / Job Title:

Candidate's LinkedIn Profile URL:

Why do you recommend this candidate? (Key qualifications):

## 3. Authorization and Signature

By signing below, I confirm that I personally know the candidate being referred and have obtained their consent to submit their information for potential employment opportunities.

Referrer Signature (Write here):

Date of Submission: