

Employee Referral Form - We Care Foundation Of Newfoundland and Labrador

Date: _____

Employee name: _____

Department: _____ Phone: _____

Candidate name: _____

Phone: _____ Email: _____

Position referred for: _____

Department: _____

Relationship to employee (friend, family member, referred by 3rd party, or other):

I have read and understand We Care Foundation's employee referral policy. I understand that if the candidate I referred is hired as a result of my referral, I will receive a gift card within two weeks of the date the individual completes six months of employment with We Care Foundation, NL.

Employee signature: _____ Date: _____

Attach the candidate's resume.