



New Hire Referral Form

Name (of referral)_____ Phone_____

Position_____ Store Location (*of Position*)_____

Referred by_____ from (Store Location*)_____
(*Employee's name*) (*Employee's Location*)

Date_____

Briefly explain how you are acquainted with the person you are referring____

Please return this completed form to your Store Director before applicant is hired

Store Director _____
Please sign

Date_____

Comments_____

For office use only

Date of interview_____

Hire date_____

H.R. Signature_____

Referral fee date due_____

Date paid_____

* This is the location the check will be sent after 6 months are completed