

2020 EMPLOYEE REFERRAL FORM

INSTRUCTIONS

1. Please complete **ALL** information below to be eligible for the award. ****Please note that incomplete forms will not be processed.****
2. Submit this to the Human Resources manager **prior** to the referred candidate's application being received in Human Resources and/or employment commencing. ****Please note that Referral Forms received after the candidate has been hired will not be accepted.****
3. Please call Human Resources Manager at 448-2417 if you require assistance with completion of this form.

YOUR INFORMATION: (Please print)

Name:
Employee Number:
Address:
Home Phone Number:
Work Phone Number:
Email Address:
Current Position with CapitalCare:

REFERRED CANDIDATE'S INFORMATION: (Please print)

Name:		
Address:		
Phone Number:		
Email Address (if available):		
Competition Number if applicable:		
Does this individual currently work for CapitalCare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this individual work for another Health Care provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the candidate aware they are being referred for this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Employee

Date

****Note: This Employee Referral Form will be invalid if the referred candidate is not hired within 45 calendar days of submission of this form.**

**Completed forms are to be submitted to the
Human Resources Attention – Maureen Daly.**