



EMPLOYEE REFERRAL FORM

REFERRER INFORMATION

Employee Name: _____

Employee ID: _____ Job Title: _____

Department: _____

Email: _____

Phone: _____

REFERRAL INFORMATION

Name of Referral: _____

Contact Information:

• Email: _____

• Phone: _____

Position Applied for: _____

Location: _____

Referral Relationship to Referrer (e.g Friend, Family, Colleague): _____

Additional Comments or Information: _____

Declaration:

I recognize Bothwell Regional Health Center is looking for candidates who will commit to the Service Excellence Initiative and contribute to our mission of being the Provider and Employer of Choice. By submitting this referral, I declare the information provided is accurate to the best of my knowledge. I understand the candidate may be contacted for further evaluation, and I may be eligible for a referral bonus if the candidate is successfully hired.

Referrers Signature

Date

FOR OFFICE USE ONLY:

Referral Signature

Date