



Employee REFERRAL FORM

Employee INFORMATION: (PLEASE PRINT)

Your Name: _____

E-mail: _____

Mobile: _____

Relationship to Candidate (friend, family member, or other, please specify): _____

REFERRAL INFORMATION:

Candidate Name: _____

Candidate E-mail: _____ Mobile: _____

Why is this candidate qualified?: _____

I have read and understand BAYS Candidate Referral Program. I understand that if the candidate I refer is hired as a result of my referral, I will receive a referral bonus up to \$500 after the referred candidate completes 1 year of successful employment with BAYS, Florida.

Your Signature: _____ Date: _____

SUBMIT THIS FORM TO:

Human Resource department at HR@baysflorida.org; Office: (813) 237-0115

INTERNAL USE ONLY:

Date Received: _____

From: _____

Target Dates for award of payment: _____

Referred candidate's hire date: _____