



Medical Group Name

Employee Referral Form

Referral Guidelines

- 1. To refer a potential employee, please complete this form and return it, along with a copy of the prospective candidate's resume, application, or both, to the medical office manager.
- 2. You are eligible for a referral award only when you refer external candidates.
- 3. If the candidate you refer is hired, you will receive a referral award of \$[amount] after the new employee has worked for [Medical Group Name] for 90 days.
- 4. Employees involved in the hiring decision for a particular position are not eligible for referral awards for that position.
- 5. Only one referral award can be given per candidate. If a candidate is referred by more than one employee, the first referral received will be the one rewarded if the candidate is hired.

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Department: _____
E-Mail Address: _____ Telephone Number: _____

Referral Information

Candidate Name: _____
E-Mail Address: _____ Telephone Number: _____
Position Referred For: _____
Why this candidate is qualified for this position:

For Office Use Only

Date Received: _____ Interviewed? _____
Hired? _____ Award Date: _____