

VILLAGE OF HOFFMAN ESTATES EMPLOYEE REFERRAL FORM

EMPLOYEE SUBMITTING REFERRAL: _____

REFERRAL NAME: _____

POSITION REFERRED FOR: _____

THIS SECTION TO BE COMPLETED BY HRM

DATE SUBMITTED: _____

RECEIVED BY: _____

REFERRAL HIRED: _____ YES _____ NO

HIRE DATE: _____

STAMP HERE FOR RECEIPT INFORMATION