

Employee Referral Program

Employee Referral Form

Position : _____ *Date:* _____

Applicant Information

Applicant's Name :

Telephone Number:

E-mail:

Referred By Information

Employee Name:

Title:

Phone:

E-mail:

Signature:

Date Signed:

In order to be eligible for a cash award, please complete this form, sign it , and attach to the original resume prior to faxing to Attn. Sales Dept, Hitec IT, Inc. Fax. 703-961-8854

For Office Use Only

Date of hire :

Six months date:

Direct Manager Name :

Manager Telephone