



Employee Referral Form

Employee Information

Date: _____

Employee Name: _____

Employee Company Name: _____

Department: _____

Candidate Information

Name of Candidate: _____

Phone: _____

Email: _____

Position Referred for: _____

Company Name: _____

Department: _____

Relationship to Employee:

- Friend
- Family Member
- Referred by 3rd Party
- Other

Please specify: _____

I have read and understand Island Mountain Island Group's Employee Referral Policy. I understand that if a candidate is hired as a result of my referral, I will receive a bonus within two weeks of the date the individual completes six (6) months of employment with Island Mountain Development Group or one of its subsidiaries.

Employee Signature: _____ Date: _____

Print Name: _____

Attach the candidate's resume or completed employment application.

