



Employee Referral Program - Candidate Referral Form

Please provide complete information Send this form, along with candidate's resume to jennifer.wright@npgco.com

Referring Employee's Name:	Candidate's Name:
Position Location:	Position Title:
Department:	Date Position Posted:
Date of Referral:	Candidate's First Day Worked:
I have read and understand the Referral Program Guidelines.	
_____	_____
<i>Referring Employee's Signature:</i>	Date:

For HR Use Only

Date Corporate HR/PR Notified: _____

Program Guidelines: Effective within the first available pay period following the day the referred employee reports to work. First Day Worked: _____	Applicable Pay Period for First Award: _____	Payroll Date for First Award of \$250.00: _____	Date Processed: _____	Comments:
Program Guidelines: Effective within the first available pay period following the completion of six months of service. Six Month Date: _____	Applicable Pay Period for Second Award: _____	Payroll Date for Second Award of \$250.00: _____	Date Processed: _____	Comments:
Program Guidelines: Effective within the first available pay period following the completion of twelve consecutive months of service. Twelve Month Date: _____	Applicable Pay Period for Final Award: _____	Payroll Date of \$500.00 Final Award: _____	Date Processed: _____	Comments: