

Employee Referral Program

Employee Name:		Date:
Department: Name of Applicant: Applicant Phone: Position Referred for:	Primary Phone:	
Name of Applicant:		
Applicant Phone:	primary Phone:	
Position Referred fo	r:	
Referred Position D	epartment:	
	rent:	
□ Yes	□ No	□ Unknown
Dickinson College	Employee Re	eferral Program:
college. \$150 will be months of employm Resource Services a	e paid followi ent. Referral- s these position	ng 30 days of employment and an additional \$150 will be paid following six eligible positions are identified by the college. Please consult with Human ons vary based on current need and include only full and part-time positions
 hear about t Referring en New employ initial 30 day New employ 	he position?" polyee must succe ys to be eligible ee must work	'section. submit a referral form identifying applicant's name and requested position. essfully complete the background clearance process and work beyond the le to receive the first \$150 payment. a minimum of one day beyond the 6-month period for the referring employe
referred is hired bec employment with D	ause of my reickinson Colle	ferral, I will receive a bonus after the new employee completes 30 days of ege. I further understand that I will receive a second bonus after the new
Employee Signature	:	Date: