



Candidate Referral Form

Job Title: _____ Date: _____

Candidate's Name: _____

Referrer's Name: _____

Referrer's Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____

- I have read and understand the Mainline Health Systems, Inc. Recruitment Referral Policy.

Referrer's Signature

Date

***Send this form along with the candidate's resume or application by email or fax to Human Resources at 870.538.5412 (fax)/agilbert@mainlinehealth.net.**

Internal Use Only:

To: Payroll

From: Human Resources

Charge To: _____

Target Date of award payment (180 after the hire date below)

Referred Candidate's hire date: _____