



APPLICANT REFERRAL FORM

APPLICANT'S NAME:

Position for which you referred the Applicant:

☐

I have read and understand the WPG Employee Referral Bonus Program Rules

Your Name (Print):

Signature:

Date:

PLEASE TURN IN TO HR DEPARTMENT WHEN COMPLETED.

FOR OFFICE USE ONLY:

Applicant Hired:

☐

YES

☐

NO

Hire Date:

6th Month:

SUBMIT FORM