



M I C A N T E C H N O L O G I E S , I N C .

E m p l o y e e R e f e r r a l F o r m

Name of Employee _____ Date _____

Department _____ Manager _____

Name of Person Referred _____

Relationship with Person Referred:

Colleague Friend Former Coworker Other _____

Date Referral Made _____

Referral for What Position _____

Resume Attached?

Yes _____ No _____

Completed Application Attached?

Yes _____ No _____

Contact Information for Referral

I believe the individual I am referring as a job candidate is qualified and interested in the position identified above. I understand that if this individual is hired as a result of this referral, I will be eligible for a referral bonus that will be paid out only after the individual has worked the necessary period of time specified for such referral bonus payments.

X _____

Employee Signature

Date