

CALIFORNIA FREIGHT

Candidate Referral Form

Job Title: _____	Division: _____
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Candidate's Name: _____ Referral Date: _____

Email: _____ Phone: _____

Referring Employee's Name: _____

Turn in this form, along with candidate's resume and/or completed employment application along with 3-year DMV printout (if for a driving position), to a dispatcher or manager of your division.

Keep a copy for yourself, signed by the dispatcher or manager who received it from you.

I have read and understand the Referral Program Rules.

Referring Employee's Signature Date

Human Resource Confirmation:

I received a complete referral packet including: (check all that apply)

- Candidate's Resume
- Employment Application (Complete)
- 3-year DMV print out (if applicable)

Hiring Manager Signature Date

Payment Authorization:

Payment Authorization Signature Pay Date Amount

PROVIDE A COPY OF THIS FORM TO THE REFERRING EMPLOYEE AND FORWARD THE PACKET TO HUMAN RESOURCES.