



Employment Referral Information Form

Employer: _____

Person Referrals should be made to: _____

Telephone #: _____ Email: _____

Preferred method of contact: Phone/Email # of open positions: _____

Position: _____ Start date: _____

Rate of pay: _____ Benefits? Yes/No If yes, what type: _____

Opportunity for advancement? Yes/No

Work address: _____ City: _____
(Helps determine transportation needs for employee)

PROBABLE WORK SCHEDULE: check all that apply

____ Day ____ Evening ____ Overnight ____ Split shift ____ Seasonal

Typical hours: _____ Typical days: _____

REQUIREMENTS ____ Valid driver's license ____ Able to lift ____ pounds

____ Forklift training/exp. ____ OSHA ____ Other: _____

Can 180 RAP post your employment opportunities or would you prefer private referrals only?

SKILLS NECESSARY/PREFERENCES: *(bilingual, customer service experience, landscaping experience, etc.)*

OTHER INFORMATION that may help connect you to potential employee. (Examples: *must travel, no theft convictions considered, company on or not on bus route, clean driving record required, etc.*)
