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.)

_________________________________________________________________________________

_________________________________________________________________________________

Completing this form does not bind employer to receive any/all employee referrals from MCC 180 RAP.