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ymaryland.org

## Candidate Referral Form

*Help us help you build strong kids strong families and strong communities!*

### **Employee Making Referral**

Employee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Center/Work Location: \_\_\_\_\_

Status (full time/part time): \_\_\_\_\_

### **Person Being Referred**

Referral Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Why do you think this person is a good candidate for employment with the Y of Central Maryland?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE RULES OF THE REFERRAL PROGRAM**

\_\_\_\_\_  
Signature of Referring Employee

\_\_\_\_\_  
Date

\* All employee incentives, recognition pay, awards and certain relocation payments, exceeding \$25.00 USD, are taxable to the employee and subject to IRS/WI mandated withholdings and FICA taxes.