



# Employee Referral Form

## Employer Information

Employer unique identifier

Select

Employer: Company X Inc.

Message:

3832990DD1A5B5AB9C5E119D81E16FC02EBEE38E057D78A91D10FE54C2

Digital Signature

Verify

## Employee Information

Employee unique identifier

Select

Employee: Jane Doe

## Survey

Please fill out the following survey about the employee.

Employee...

Strongly Disagree

Strongly Agree

Shows up to work on time

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Behaves well under pressure

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Has exceptional work ethic

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Does not receive complaints from coworkers

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Is a well respected member of the workplace

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Is a reliable individual in the workplace

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Always completes tasks on time

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Always fully completes assigned tasks

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Has great communication skills

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

Are they a full-time employee?

☒ Yes

☐ No

How long have they been working for the company?

Select an option

▼

SUBMIT