



Employee Referral Form

Employer Information

Employer unique identifier

Select

Employer: Company X Inc.

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