



INTERMOUNTAIN NUTRITION

EMPLOYEE REFERRAL FORM

● = required

● DATE: _____

● YOUR NAME: _____

● YOUR CONTACT NUMBER: _____

● PERSON NAME YOU ARE REFERRING: _____

● DEPARTMENT IN WHICH HE/SHE
IS APPLYING FOR: _____

● **IMPORTANT**

THE EMPLOYEE THAT REFERRED THE NEW EMPLOYEE WILL RECEIVE A BONUS OF \$100.00 FOR ENTRY LEVEL POSITIONS. A \$300.00 BONUS FOR MACHINE OPERATORS AND SUPERVISORS. **THE REFERRED EMPLOYEE MUST WORK FOR 90 DAYS** BEFORE THE EMPLOYEE WILL RECEIVE THE BONUS.

THIS FORM WILL NEED TO BE FILLED, TURNED IN TO HR BEFORE THE NEW EMPLOYEE HAS HAD AN INTERVIEW AND HAS BEEN HIRED ON.

I UNDERSTAND THE EMPLOYEE REFERRAL PROGRAM OF INTERMOUNTAIN NUTRITION. I UNDERSTAND THAT **MY REFERRAL WILL NEED TO WORK FOR 90 DAYS** BEFORE I CAN QUALIFY FOR THE BONUS.

● EMPLOYEE SIGNATURE: _____

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.