



Executive Office
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EMPLOYEE REFERRAL PROGRAM
Employee Referral Application

DATE OF SUBMISSION: _____

RESPONDING TO POSTING #: _____

POSITION TITLE: _____

NAME OF APPLICANT REFERRED: _____

HOW LONG HAVE YOU KNOWN APPLICANT? _____

IS THE APPLICANT'S RESUME ATTACHED: YES NO

TELL US ABOUT THE APPLICANT: (Describe applicant's relevant experience / education/area of interest/
strengths and abilities/weaknesses):

WHAT IS YOUR RELATIONSHIP TO APPLICANT? _____

EMPLOYEE NAME: _____

FACILITY: _____

YOUR JOB TITLE: _____

DATE OF HIRE: _____

IMMEDIATE SUPERVISOR: _____

Print Name/Signature

Immediate Supervisor Approval