

Sector Initiatives Referral Form: Incumbent Worker

Applicant Name: _____ Training Course: _____

Referral relationship: (check one) Immediate Supervisor Human Resources

Referral Name: _____ Date: _____

Referral Phone #: _____ Referral Email: _____

Company: _____ Applicant's current title: _____

Applicant's current salary: \$ _____ Length of Employment: _____

1. Indicate how long and how well you know applicant: _____

2. Comment on your knowledge of the applicant's history / ability to arrange for:

a. Reliability / time commitment for this training (attendance, meeting deadlines):

b. Primary transportation and back up plan: _____

c. Primary childcare and back up plan: _____

d. Ability to adhere to drug free policy:

3. Please comment on interests / abilities which are strengths of the applicant:

a. Strong work history: _____

b. Highly motivated: _____

c. Quick learner: _____

d. Transferable skills into industry: _____

e. Other: _____

4. How thoroughly does the applicant understand, speak, and write English?

6. Why has this applicant been selected to apply for this training opportunity:

Thank you for your input!

Please fax or email directly to: Andrea Peterson, F) 952-697-1396, andrea.peterson@hired.org