



Employee Referral Program

Employee Referral Confirmation Form

Please complete this form and email or mail back to the Human Resources Department before the candidate has been hired.

Your Name	
Your phone number	
Your Job Title	
Your Work Location	
Name of Candidate you referred to HCPS?	
How do you know this candidate?	
I affirm that all information set forth in this application is accurate, truthful and complete. In the event that I have provided false, fraudulent or misleading information during the Employee Referral process, I understand that this conduct would be a violation of School Board Policy and I would be subject corrective action to include the forfeiture of any monetary reward associated with this program and/or additional disciplinary action.	
Your Signature:	Date: