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| --- | --- | --- | --- |
| YOUR NAME |  | DATE |  |
| YOUR EMAIL |  | PHONE |  |
|  YOUR LI PROFILE |  |

REFERRAL’S INFORMATION

|  |  |
| --- | --- |
| NAME |  |
| PERSONAL EMAIL |  | PERSONAL PHONE |  |
|  LI PROFILE |  |

PLEASE IDENTIFY THE JOB POSTING(S) YOU ARE REFERRING THEM FOR:

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HOW DO YOU KNOW THE CANDIDATE YOU ARE REFERRING?

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BRIEFLY TELL US WHY YOU THINK THIS CANDIDATE IS EXCEPTIONAL?

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|  |

DOES THIS CANDIDATE KNOW YOU ARE REFERRING THEM?

|  |  |
| --- | --- |
| YES OR NO? |  |

HAVE YOU READ THE REFERRAL PROGRAM RULES AND ELIGIBILITY?

|  |  |
| --- | --- |
| YES OR NO? |  |

This form must be filled out in its entirety and submitted to Sarah Rippner at GLE Creative Talent

Please email to: sarah@glenterprise.net