

EMPLOYEE REFERRAL PROGRAM FORM

(PILOT PROJECT: From March 2/09 to August 31/09)

VIHA recognizes that word of mouth referrals can be an effective way to attract qualified future employees. The VIHA Employee Referral Program is designed to reward VIHA employees, physicians, volunteers and contracted services employees who have referred successful candidates.

Section 1: Referring Person (employee, physician, volunteer, contract staff information)			
Name: (Last name)		(First Name)	
Apartment or Box Number:		Street Address:	
Province:	Postal Code:	Email Address:	Telephone:
Current Position:		Department:	Location/Site:

Section 2: Referred Candidate Information			
Name: (Last Name)		(First Name)	
Apartment or Box Number:		Street Address:	
Province:	Postal Code:	Email Address:	Telephone - Cell: ()
Referred for VIHA Website Posting Number (Note: status must be "Open Until filled"):		Position Title referred for:	
Is this individual aware that you have referred their name to VIHA Employment Services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you asked this individual to complete the VIHA application form? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How do you know this individual? _____			
How long have you known this individual? _____			
Would you be supervising this position? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 3: Signature			
<i>I believe the individual I am referring as a job candidate is qualified and interested in the position identified above. I understand that if this individual is hired into an eligible position as a result of this referral, I will receive a \$300 cash reward.</i>			
Signature (in ink): _____		Date: _____ / _____ / _____	

Section 4: Return Completed Referral Form to:	
Employment Services 6475 Metral Drive, 3 rd Floor Nanaimo, B.C., V9T 2L9 Fax: 250-740-6920 Email: debbie.snyder@viha.ca	
For conditions of VIHA Employee Referral Program, see page 2.	

Terms and Conditions:

1. To refer a potential employee, please complete this form and return it, ideally with a copy of the prospective candidate's resume, application, or both, to the Employment Services Department (address on front.)
2. Only candidates hire to positions posted on the VIHA Public Website with a status of "Open Until Filled" are eligible to receive a cash reward.
3. If more than one employee refers a candidate, the first referral received will be the one rewarded if the candidate is hired.
4. VIHA Employment Services will provide the referring employee with an acknowledgement of receipt of the referral and will subsequently contact the nominated candidate if they appear to meet the qualifications for the position referred to.
5. If a candidate has applied on-line or otherwise within the previous 6 months, no referral bonus will be paid.
6. Rehires are eligible, provided they have not worked as a VIHA employee for more than one year.
7. Employees/Supervisors involved in the hiring decision for a particular position are not eligible for a referral bonus for that position.
8. There is no limit to the number of referral rewards an employee may receive.
9. All information regarding the hiring decision will remain strictly confidential; therefore, Employment Services is not in a position to share information regarding the application status of candidates.
10. The referring employee, physician, volunteer or contracted service employee will receive a \$300 cash reward shortly after the referred employee's start date.
11. A referred candidate must be hired within 10 months of the original referral for the referrer to be eligible for a gift award.



If you have questions, contact Debbie Snyder, Employee Referral Program Coordinator at:
debbie.snyder@viha.ca.

* For Employment Services Only *

Date Referral Received: _____ Eligible Referral: Yes: No: If no, why _____

Date Application Received: _____ N/A:

Hired: Yes: No: If No, please indicate why: _____

Referring Employee notified: Yes: No: Date: _____

Start Date: _____ Department: _____ Location/Site: _____

Vacancy #: _____ Position: _____

Authorized by (Name & Title): _____ Date: _____

Date sent to Accounts Payable Pay Office: _____