



AVESI, Inc.
A Woman Owned Small Business

EMPLOYEE REFERRAL FORM

Employee Information

Employee Name:

Date:

Employee #:

Phone #:

Referral Information

Candidate Name:

E-mail Address:

Phone #:

Position Referred For:

Why this candidate is qualified for this position:

AVESI, Inc. Office Use Only

Interviewed:

NO Reason:

YES Hire Date:

Award Date: