

**Official Star Search Form
for the "Star Search"
Employee Referral Program**

This form should be submitted to Human Resources
with the candidate's employment application.

Employee Information:

Name: _____

Social Security # _____

Facility Name _____

Department Name _____

Job Title _____

Daytime Phone # _____

Employee Signature: _____

Candidate Information:

Name: _____

Address _____

City _____ ST _____ Zip _____

Daytime Phone # _____

Applicant
Signature: _____

Position
applied for: _____

In _____ (Unit name)

At _____ (Facility Name)

Hire Date: _____

Please contact Human Resources if you have any
questions about this program.