

REFERRAL CARD

APPLICANT: Please give this card to the employer.

Appointment Date: _____ Appointment Time: _____

Employer Name: _____

Employer Address: _____

Contact: _____

Job Title: _____ Job Order# _____

Referring AJCC Staff Member: _____

Applicant Referred: _____

EMPLOYER: Please contact the AJCC Staff member below to inform us of your hiring decision.

Staff Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

**When submitting hire information, please provide the following data:*

Was the above applicant hired?

If yes, when is his/her start date?

Pay Rate? (Per Hour, week, month)

Medical Benefits offered?

Is the position still open/ now closed?

A PROMPT RESPONSE WILL ASSIST US IN PROVIDING ADDITIONAL
EMPLOYMENT SERVICES.

325-HIRE (4473)

The AJCC & WIA are an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.

AJCC Franchise - FM 306 Referral Card 10/2014

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