



City of Two Harbors
522 1st Avenue
Two Harbors, MN 55616

Employee Referral Form

Referring Party Information
Name:
Department:
Phone Number:
Supervisor's Name:

I understand that if the candidate I referred is hired as a result of my referral, I will receive a \$100 bonus after 60 days employment of both the candidate and myself.

Referral Information
Candidate Name:
Phone Number:
Position Referred to:

Employee Signature: _____ **Date:** _____