**Brevard Public Schools**

**Employee Referral Program**

You can help Brevard Public Schools, a friend, and yourself by participating in the BPS Employee Referral Program. If you are a current full-time employee, you can earn an award of a $25.00 gift card, if you refer a teacher applicant who is hired in a **Critical Shortage Area** (listing attached) for the first time in Brevard Public Schools.

The Employee Referral Program is a collaboration between the Divisions of Human Resources and Government & Community Relations. Eligibility requirements:

 All current employees of Brevard Public Schools.

 You are not eligible if you are the hiring supervisor or are part of the hiring process.

 Must be a first time teacher to BPS and hired after July 1, 2018.

 Incentive is for the first 60 hires and processed on a first come – first serve basis (applications will be date stamped).

A copy of the Employee Referral Form is attached and must be filled out completely. You must provide this form to the Office of Recruitment & Retention with a copy of the resume for the candidate who was recommended and was hired.

Brevard Public Schools will give you a $25.00 gift card if the person you referred is hired. You must be employed by Brevard Public Schools at the time to collect the incentive.

For more information, contact;

Barbara Davis

Human Resources Recruiter

Davis.barbara@brevardschools.org

321-633-1000 Ext. 296

 B**revard Public Schools**

 **Employee Referral Program**

 **Employee Referral Form**

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Name of Applicant Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Assignment Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by Department Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of referring employee Signature of referred employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed Date signed

\*In order to be eligible for the incentive, this form must be completed, signed, and attached to the candidate’s resume prior to submission to The Office of Recruitment & Retention.

For Office Use Only