



CITY OF ATLANTA POLICE DEPARTMENT



EMPLOYEE REFERRAL FORM

Prospective Candidate: (please print)		
Last:	First	M.I.
For: <input type="checkbox"/> Police Officer	<input type="checkbox"/> Crime Scene Technician	<input type="checkbox"/> 9-1-1 Dispatcher
Referral employee: (please print)		Employee ID:
Last:	First:	Department:

1. Are you related to the applicant? Yes No
 If yes, what is the nature of the relationship? (family member, friend, referred 3rd party, or other (please specify)

2. How long have you known the applicant? _____

3. Please rate the applicant to the best of your knowledge on the factors below:

Overall Evaluation Excellent Good Average Unknown

Ability to handle stress Excellent Good Average Unknown

Personality Outgoing/Friendly Shy/Reserved Outspoken Quiet

Willingness to serve others Excellent Good Average Unknown

4. If you would like to provide additional information or comments about the applicant, please do so in the space provided or provide attachments if necessary.

I have read and understand the Employee Referral Policy. I understand that if the candidate I referred is hired as a result of my referral, I will receive a referral incentive of \$500 in two installments. I understand that the full amount of the referral is based upon the referred candidate's completion of the City of Atlanta Police Department Training Academy and/or the required **one** year probationary period.

Attachment Resume or Completed Application

Received by: _____ Date: _____



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I acknowledge that I **have reviewed the attached terms and conditions** of the Employee Referral Program Procedures and agree to comply with all terms and conditions.

I certify that the information provided herein is true and accurate to the best of my knowledge.

Signature of Employee: _____ **Date:** _____

Background & Recruitment Unit Commander

Date

Corporate Services Section Commander

Date

Support Services Division Commander

Date

FOR APF USE ONLY – Final Approval	
<i>Circle one:</i> First installment or Second Installment	Total payment \$
Housing Program Manager	Date approved
APF President & CEO	Date approved