

Refer and Reward Greatness

In the fields below, please complete the following information:

- Your Email Address
- Your Name and Employee ID
- The Name of your Referral, Referral's contact information and the position of interest including a brief statement as to why you feel this individual '*exemplifies greatness*' to become an Ashley County Medical Center Employee! (*Please enter in the Referral Info field*)

Your E-Mail Address (Required)

Your Name & Employee ID # (Required)

Referral Info (Required)

Human Resources will contact you within 72 hours of your submission. Employee Referral bonuses will be paid out after employee has satisfied all conditions of the Program. For more information, please reference our Employee Referral Policy _____

Thank you for taking the time to recognize '*greatness*' in others! ***Your referral is much appreciated!***