

## **Associate Referral Form**

Name:  Hotel Employed At:			Date:		
			Position:		
<ul><li>2. Referral forms must k must match the name of</li><li>3. Referred appliant must</li><li>4. Both the associate and</li></ul>	for the bonu be submitted n referral of st not have o d the referre	us, a referral form must be con <b>d in advance</b> of the applicatio	on being r e conside r via ICIM bloyed wit	received by Omni. Referral name ered. <b>BOTH</b> must be completed MS. th Omni at the time of payout.	
Candidate Name:			Type of Position Referring for:		
Please describe how you know this candidate:				Hourly Management Executive Committee Food and Beverage Management	
Position Referring for:			Hotel(s) Referring to:		
Please describe why this (Attach additional comm		would be a great fit for Omni. essary)			
Bonus Categories	т	T. (8			
Position	Amount	Time of Payment (from the time of hire)			
Hourly	\$300		after 90 days		
Manager	\$300		after 90 days		
Executive Committee	\$300	after 90 days			
F&B Management	\$300	after 90 days			

Updated: 10/01/2018