



Referral Form

BOB Referral Guidelines

1. This form should be completed by a referral agency registered with BOB.
2. Please complete this form when recommending a candidate for a BOB job opening/BusinessLinks training opportunity/CBA. Send it along with the **candidate's resume and cover letter**. **EMAIL APPLICATION TO jobpostings@bobics.org**.
3. Applications received after the deadline and/or after the position has been filled will not be forwarded to the employer or training program.
4. Should this applicant be hired, BOB will provide **Post employment support**, an Intervention in Contact IV.

Referral Agency Information

Employment Counselor Name: _____ Date: _____

Referral Agency: _____

E-Mail Address: _____ Telephone Number: _____

Case Manager Information

Does the applicant have a Service Canada Case Manager? _____ **If yes**, is it the same info as above? _____

If different, please provide name: _____ Telephone Number: _____

Email Address: _____

If the applicant **does not have a Case Manager**, we recommend that you refer them to a Service Canada location as well. As we are funded through Service Canada, all Supported Employment Program (SEP) participants need to be case managed. Our SEP program gives participants access to post employment support, services, and resources.

Applicant's Information

Applicant's Name: _____

Position/Training Applying For: _____ **Attending Industry Night?** _____

Company: _____

This candidate is qualified/suitable for this position because:

For BOB's Use Only

Date Received: _____ Date Processed: _____

Interviewed? _____ Hired? _____