



## REFERRAL BONUS FORM

Thank you for being our advocate; Alto Health Care Staffing appreciates your referral to us!

Please fill out this form and either email or fax it to your recruiter.

We will send you a \$200 check right to your door, after your referral is placed and has worked a minimum of 200 hours.

**THANK YOU FOR CHOOSING ALTO!**

Your name: \_\_\_\_\_

Referrals Name: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Date and Signature: \_\_\_\_\_

Email this form to your recruiter's email or fax it to 937-228-7009 with

**ATTN: (Your Recruiter's Name)**