

# FIRST SOURCE REFERRAL FORM

This form is to assist us in referring the appropriate candidate(s) for your open position(s). Please complete each section and email your completed form to [constructionintake@stlworks.com](mailto:constructionintake@stlworks.com).

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Today's Date: [Click here to enter text.](#)

## Company Contact Information

Name of Company: [Click here to enter text.](#)

Company's Address: [Click here to enter text.](#)

Company Website URL: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Contact Phone Number: [Click here to enter text.](#)

Contact E-mail: [Click here to enter text.](#)

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## Position Information

Job Title: [Click here to enter text.](#)

Number of Positions: [Click here to enter text.](#)

Requested Trade: [Click here to enter text.](#)

Requested Trade Status: [Choose an item.](#)

Job Status: [Choose an item.](#)

Hours: [Click here to enter text.](#)

Salary Range: [Click here to enter text.](#)

Projected Start Date: [Click here to enter text.](#)

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## Basic Requirements

Education Requirement (if any): [Click here to enter text.](#)

Drivers License Required: [Choose an item.](#)

If YES, what type of License is required: [Choose an item.](#)

What Specific Skills are Required by This Position (if any): [Click here to enter text.](#)

What Specific Tools are Required by This Position (if any): [Click here to enter text.](#)

Additional Requirements: [Click here to enter text.](#)

Additional Comments: [Click here to enter text.](#)



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*Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.*