

Oneida Nation

Indian Preference Office

Division of Public Works Main Office
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Oneida, WI 54155
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A good mind. A good heart. A strong fire.

REFERRAL FORM & EMPLOYEE'S WORK EVALUATION

Please return upon completion of Job

Office: 920.496.5316

Fax: 920.496.7491

Email: Twallenf@oneidanation.org

DATE : _____ REFERRED BY: _____
JOB SITE: _____ FOREMAN'S NAME: _____
NAME: _____ POSITION: _____
WAGE: _____ HIRE DATE: _____
END DATE: _____

TERMINATED REASON: _____
Phone # (_____)

TYPE OF SEPARATION (CHECK ONE) REASON FOR SEPARATION (CHECK ONE)

| | | | |
|-------------------|--|----------------------|--|
| Completion of Job | | Absenteeism | |
| Mutual Agreement | | Work Force Reduction | |
| Dismissal | | Other | |
| Other | | Describe | |

EMPLOYEE EVALUATION (CHECK APPROPRIATE BOXES)

| | Excellent | Satisfactory | Fair | Poor |
|---------------|-----------|--------------|------|------|
| Job Knowledge | | | | |
| Work Quality | | | | |
| Initiative | | | | |
| Cooperation | | | | |
| Attendance | | | | |

WOULD YOU REHIRE? YES NO

WOULD YOU RECOMMEND? YES NO

(Reason Optional)

FOREMAN'S SIGNATURE _____ DATE: _____

INDIAN PREFERENCE
SIGNATURE _____ DATE: _____