



EXTERNAL REFERRAL PAYMENT PROGRAM

On behalf of Allnorth, thank you for taking the time to refer great talent to us! The information that you provide below will only be used for the sole purpose of Allnorth's External Referral Program and for processing your referral payment. Please submit this form along with your referral's resume to externalreferrals@allnorth.com.

Full Name:

Contact Number:

Contact Email:

Mailing Address:

Referral's Full Name:

Terms and Conditions

1. Payment

Allnorth will pay you a one-time \$1500 referral payment if the referral leads to a successful regular full-time hire, and the referred team member:

- Acknowledges he or she was referred by you
- Completes their 3 month (90 day) probationary period
- Is in good performance standing at the end of this probationary period
- Is still employed by Allnorth at the time the external referral fee is to be paid

In the event that more than one person refers the same candidate, payment will be made for the first referral received by Allnorth. We will notify you if your candidate has already been referred by somebody else. In the event that your referral contacts Allnorth regarding employment opportunities before you email your referral submission, the referral payment will not be paid.

2. Non-Solicitation

After receiving your referral payment and for a period of one (1) year immediately thereafter, you agree not to solicit your referral on behalf of any other business enterprise, nor shall you induce your referral to terminate or breach employment with Allnorth.

3. Disclaimer

Allnorth may modify or terminate the *External Referral Program* at its sole discretion and without notice. Referral fee payment is at the sole discretion of Allnorth. By submitting a referral, you agree that you are solely responsible for any taxes imposed upon the referral fee paid to you by Allnorth and that you shall comply with all applicable law or regulation.

By signing below, I hereby acknowledge that I have completely read and fully understand the Terms and Conditions of the External Referral Payment Program.

Signature: _____

Date: _____