HHonors Military Program - Referral Form

Instructions:

- **Section I:** (1) Enter the jobseeker's full name, email address, and HHonors number; (2) Check the box to verify you have approval to submit this request and to signify you understand the current state criteria for participation.
- **Section II:** Provide complete contact information for the representative making the referral (this person agrees to provide follow-up information, when requested).
- **Section III:** This information is being requested for follow-up and reporting on overall program success. Only aggregate program total numbers will be shared with Hilton.
- **SUBMIT COMPLETED FORM TO: XXXX and include "Hilton HHonors Referral" in the subject line**

SECTION I: HHONORS POINTS RECIPIENT

Name	
Email	
HHonors Number	

☐ *By checking this box I confirm the HHonors Points recipient meets current state eligibility criteria for participation.*

SECTION II: STATE or PARTNER AGENCY REPRESENTATIVE MAKING REFERRAL

Name		**Title**	
Email		**Date**	

SECTION III: ADDITIONAL HHONORS RECIPIENT INFORMATION:

Military Status	☐ Veteran (Post 9/11) ☐ Veteran (Pre 9/11) ☐ Transitioning Service Member	☐ NG/R ☐ Spouse	
Branch of Service	☐ Air Force ☐ Army	☐ Coast Guard ☐ Marine Corps	☐ Navy ☐ USPHS (http://www.usphs.gov/)
Military Rank (if applicable)	☐ Enlisted	☐ Officer	
Reason for Referral*	☐ Job interview ☐ Training for new job	☐ Confirmed job search ☐ Housing search (based on job offer) ☐ Other (Explain below)	
Provide additional information such as name of company, position, location, training course, etc.	*ADDITIONAL INFORMATION:		
UI/UCX (optional)	☐ Currently receiving UI	☐ Current receiving UCX	
Other:			

Section IV: APPROVAL (TO BE COMPLETED BY SWA/HILTON POC)

☐ **APPROVED** | *Date submitted to Hilton:*	☐ **DENIED** | *Reason:*