



# Character Reference

---

**Must Complete Two of This Form**

**Note to Recommender:**

The individual named below has applied for employment with LeeKO Home Health LLC., in considering the candidate's qualifications for employment; we require two character reference evaluation by individuals who know the candidate's character (*this can be personal or professional knowledge*).

**Information about Candidate:**

I hereby authorize LeeKO Home Health LLC., to contact any person I listed as a reference on my employment application. I hereby allow the person I indicate below to disclose any information that may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes.

\_\_\_\_\_  
Candidate's Name (*Please print legibly*)

\_\_\_\_\_  
Candidate's Signature and Date

**Information about Recommender:**

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

Email: \_\_\_\_\_

Personal                  Professional (please circle one)

How Long Known: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Statement of Character Reference Check One:**

- ☐ In my opinion, the candidate named on this form exhibits high moral and professional character and would be an excellent health care service provider.
- ☐ In my opinion, the candidate named on this form DOES NOT exhibit high moral and professional character and may NOT be an excellent health care service provider.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Recommender's Signature and Date

***Please return / fax completed form immediately***

*LeeKO Home Health, LLC \*933 Lee Road, Suite 408, Orlando, Florida 32810*

*Phone: 407-969-0208*

*Fax: 407-236-4520*