

Character Reference

Must Complete Two of This Form

Note to Recommender:

The individual named below has applied for employment with Accolade Healthcare Services 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 Accolade Healthcare Services 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 al | bout 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

Accolade Healthcare Services LLC *933 Lee Road, Orlando, Florida 32810

Phone: 407-969-0208

Fax: 407-969-0237