



### CHARACTER REFERENCE FORM

The applicant below would like to be accepted by Quality One Care Home Health agency as a home care provider. If accepted, she/he will work as a home care nurse for children with special needs. You will be contacted by our Agency to confirm this reference.

**TO BE COMPLETED BY APPLICANT**

1. Name of applicant: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

**TO BE COMPLETED BY A PERSON GIVING REFERENCE**

2. Name of reference: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone: \_\_\_\_\_
4. How long have you known the applicant: \_\_\_\_\_
5. How do you know the applicant? (Example: employer, neighbor, friend etc.) \_\_\_\_\_
6. **Please check the most appropriate box regarding applicant's abilities:**

Abilities	Excellent	Very Good	Good	Poor	Don't Know
Communication Skills					
Work Quality					
Emotional Stability					
Reliability					
Patience and flexibility					
Pleasantness of demeanor					
Ability to work with other					

7. Please describe why you think the applicant would be suitable for the job:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Please provide any additional comments about the applicant's character:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I confirm that the information provided is accurate and complete and consent to being contacted should further clarity on the reference be required.

Signature of the reference: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY QUALITY ONE CARE PERSONNEL ONLY**

When conducting a telephone reference complete the questions listed in the previous section and complete the information requested below.

Name Of Person Giving Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Name of the Quality One Care Personnel \_\_\_\_\_ Date \_\_\_\_\_