



## FAMILY CHOICE HOME HEALTHCARE

# *REFERENCE FORMS*

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Applicant Name

## Family Choice Healthcare

### Character Reference Request (1)

**SECTION ONE: TO BE COMPLETED BY THE APPLICANT**

Family Choice's policy mandates a character reference for all applicants. Please provide the complete contact information for your reference. Your signature indicates permission for your reference to respond to the questionnaire. RELATIVES AND SPOUSES CANNOT BE USED AS CHARACTER REFERENCES.

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

Address: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature/Date

**SECTION TWO: TO BE COMPLETED BY REFERENCE (OFFICE USE ONLY)**

Dear Reference:

The above named applicant has applied for a position with Family Choice Healthcare. Family Choice Healthcare, a Maryland licensed Residential Service Agency, provides in home care for the elderly and disabled. The Agency also offers registered nurse supervision of the home care attendants. Thank you for helping us evaluate the applicant. Please be assured that all information will be kept confidential.

Please return this form to:

**Family Choice Healthcare**

**4601 Forbes Boulevard #320, Lanham, Maryland 20706**

**Office: 888.358.1341 ext. 103 ~ Fax: 301.200.4723**

1. How long have you known the applicant? \_\_\_\_\_  
Years/Months

2. In what capacity are you affiliated with the applicant? \_\_\_\_\_  
Friend/Business Associate

3. What are the applicant's outstanding strengths? \_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant have any difficulty getting along with others? \_\_\_\_\_

5. Would you entrust the care of your family to the applicant? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Phone Interview Date/Time

\_\_\_\_\_  
Reference Name

\_\_\_\_\_  
Agency Representative's Signature

## Family Choice Healthcare

### Character Reference Request (2)

**SECTION ONE: TO BE COMPLETED BY THE APPLICANT**

Family Choice’s policy mandates a character reference for all applicants. Please provide the complete contact information for your reference. Your signature indicates permission for your reference to respond to the questionnaire. **RELATIVES AND SPOUSES CANNOT BE USED AS CHARACTER REFERENCES.**

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

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Applicant’s Name (PRINT)

Applicant’s Signature/Date

**SECTION TWO: TO BE COMPLETED BY REFERENCE (OFFICE USE ONLY)**

Dear Reference:

The above named applicant has applied for a position with Family Choice Healthcare. Family Choice Healthcare, a Maryland licensed Residential Service Agency, provides in home care for the elderly and disabled. The Agency also offers registered nurse supervision of the home care attendants. Thank you for helping us evaluate the applicant. Please be assured that all information will be kept confidential.

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**Office: 888.358.1341 ext. 103 ~ Fax: 301.200.4723**

1. How long have you known the applicant? \_\_\_\_\_  
Years/Months

2. In what capacity are you affiliated with the applicant? \_\_\_\_\_  
Friend/Business Associate

3. What are the applicant's outstanding strengths? \_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant have any difficulty getting along with others? \_\_\_\_\_

5. Would you entrust the care of your family to the applicant? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Phone Interview Date/Time

\_\_\_\_\_  
Reference Name

\_\_\_\_\_  
Agency Representative's Signature

## Family Choice Healthcare

### Character Reference Request (3)

**SECTION ONE: TO BE COMPLETED BY THE APPLICANT**

Family Choice’s policy mandates a character reference for all applicants. Please provide the complete contact information for your reference. Your signature indicates permission for your reference to respond to the questionnaire. **RELATIVES AND SPOUSES CANNOT BE USED AS CHARACTER REFERENCES.**

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

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Applicant’s Name (PRINT)

Applicant’s Signature/Date

**SECTION TWO: TO BE COMPLETED BY REFERENCE (OFFICE USE ONLY)**

Dear Reference:

The above named applicant has applied for a position with Family Choice Healthcare. Family Choice Healthcare, a Maryland licensed Residential Service Agency, provides in home care for the elderly and disabled. The Agency also offers registered nurse supervision of the home care attendants. Thank you for helping us evaluate the applicant. Please be assured that all information will be kept confidential.

Please return this form to:

**Family Choice Healthcare**

**4601 Forbes Boulevard #320, Lanham, Maryland 20706**

**Office: 888.358.1341 ext. 103 ~ Fax: 301.200.4723**

1. How long have you known the applicant? \_\_\_\_\_  
Years/Months

2. In what capacity are you affiliated with the applicant? \_\_\_\_\_  
Friend/Business Associate

3. What are the applicant's outstanding strengths? \_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant have any difficulty getting along with others? \_\_\_\_\_

5. Would you entrust the care of your family to the applicant? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Phone Interview Date/Time

\_\_\_\_\_  
Reference Name

\_\_\_\_\_  
Agency Representative's Signature

## REQUEST FOR EMPLOYMENT VERIFICATION

**SECTION ONE: TO BE COMPLETED BY THE APPLICANT**

Family Choice Healthcare’s Employment Policy mandates that each applicant’s current or previous employment be verified. Please provide all the information requested below.

**PLEASE COMPLETE TOP PORTION ONLY!!!!**

*All responses are kept confidential and used for employment purpose only.*

Your signature below gives your current/previous employer permission to complete and return this verification to Family Choice Healthcare.

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

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Applicant Telephone

**SECTION TWO: TO BE COMPLETED BY REFERENCE (OFFICE USE ONLY)**

Dear Employer,

Please provide the following information as it relates to the above applicant. All information is kept confidential. This form may be returned by fax or mail to:

**Family Choice Healthcare  
4601 Forbes Boulevard,  
#320 Lanham, Maryland  
20706  
Office:  
888.358.1341 ext.  
103 Fax:  
301.200.4723**



Hire Date: \_\_\_\_\_ Resignation/Termination Date: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Resignation/Termination: \_\_\_\_\_

Eligible for Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Additional Comments:**

\_\_\_\_\_  
**Employer Name/Title**

\_\_\_\_\_  
**Employer Signature/Date**



Dear Applicant,

Thank you for your interest in Family Choice Healthcare. Our agency is a licensed Residential Services Agency for the State of Maryland. Thus, we are required by law to conduct a ***preliminary criminal background check*** on all clinical employees. Your signature below enables us to begin this process.

We look forward to you becoming a member of the Family Choice Healthcare “team”.

Thank you,

**Dawne B. Collier**

Human Resources Manager

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**Consent for Criminal Background Check**

**I give permission to Family Choice Healthcare to request a criminal background check for the sole purpose of expediting placement assessment. I am aware that this is a mandated requirement to maintain compliancy and active status with the agency.**

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**Applicant Signature**

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**Date**