



UNITED FAMILY HEALTHCARE INC.

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION

Full Name: Padura Antonio M.I.
Last First

Address: 5927 W 16 Ln /
street address apartment/unit#
Hialeah FL 33012
City State Zip Code

Home Phone: Alternate Phone:

Email: AS Padura@gmail.com

SSN: 589-27-7328 Birth Date: 01/04/1986 Marital Status:

EMERGENCY CONTACT INFORMATION

Full Name: Padura Ileana M.I.
Last First

Address: 5927 W 16 Ln /
street address apartment/unit#
Hialeah FL 33012
City State Zip Code

Home Phone: 786-355-1193 Alternate Phone:

JOB INFORMATION

Title: Supervisor:

Work Name and Location:

Work Phone: Salary:

EDUCATION

High School South Dade High School

College/University Miami Dade College

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HEALTHCARE INC.

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Full Name:		Last		First		M.I.	
Address:		Street address		City		State	
Apartment/Unit:		Zip Code		Alternate Phone:			
Home Phone:		Birth Date:		Marital Status:		Email:	
Full Name:		Last		First		M.I.	
Address:		Street address		City		State	
Apartment/Unit:		Zip Code		Alternate Phone:			
Home Phone:		Title:		Supervisor:			
Work Name and Location:		Work Title:		Salary:			
High School:		College/University:					



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REFERENCES

List two personal references who are not relatives or former supervisors.

Name: Yarelis Torres

Address: 7134 W 30 ave Hialeah FL 33018

Telephone: 305 - 450 - 1166 Occupation: RN Years Known: 6

Name: Mayra Madrazo

Address: 5920 W 16 in Hialeah FL 33012

Telephone: 786 - 355 - 6584 Occupation: CNA Years Known: 10

EMPLOYMENT:

Employer Name and Address: Signature Healthcare 8333 W Okarchobor Rd

Position Title/Duties Skills: RN

Supervisor's Name: Shellane Del Fero Telephone: _____

Dates Employed From: 2016 to current

Reason for leaving: None

Employer Name and Address: Hialeah Nursing and Rehab 19000 28th

Position Title/Duties Skills: RN

Supervisor's Name: Juana Martinez Telephone: _____

Dates Employed From: 2014 to 2015

Reason for leaving: New work opportunity

CONFIRMATION

Independent Contractor Signature: afh