



UNITED FAMILY HEALTHCARE INC.

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION

Full Name: Silva Rodriguez Maria Rosa
Last First M.I.
Address: 19911 SW 117 Ave 1
street address apartment/unit#
Miami Florida 33177
City State Zip Code
Home Phone: _____ Alternate Phone: 305-316-5798
Email: msilva06301968@gmail.com
SSN: 680-13-0850 Birth Date: 02/26/2022 Marital Status: Single

EMERGENCY CONTACT INFORMATION

Full Name: Silva Maria Rosa
Last First M.I.
Address: 19911 SW
street address apartment/unit#
Miami Florida 33177
City State Zip Code
Home Phone: _____ Alternate Phone: 305-316-5798

JOB INFORMATION

Title: HHA Supervisor: Kenia Chin
Work Name and Location: United Family Health Care
Work Phone: 786 747 8002 Salary: \$15.00

EDUCATION

High School Victoria Vero
College/University _____





UNITED FAMILY HEALTHCARE INC.

REFERENCES

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

Name: MARIA ROSA SILVA RODRIGUEZ
Address: 19911 SW 117 ave Florida 33177
Telephone: 305 - 316 - 5798 Occupation: HHA Years Known:

Name: MARIA ROSA SILVA RODRIGUEZ
Address: 19911 SW 117 ave Florida 33177 Teleph
one: 305 - 316 - 5798 Occupation: HHA Years Known:

EMPLOYMENT:

Employer Name and Address: HORIZON HOME HEALTH CARE
Position Title/Duties Skills:
Supervisor's Name: Telephone: 305 - 248 - 6795
Dates Employed From: to
Reason for leaving:

Employer Name and Address: 950 N. Krome ave! 205
Homestead FL 33030
Position Title/Duties Skills:
Supervisor's Name: Telephone: - -
Dates Employed From: to
Reason for leaving:

CONFIRMATION

Independent Contractor Signature: 

