



INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION

FULL NAME: Odalys Escalona

ADDRESS: 1885 NW 27 ST, **APARTMENT/UNIT:**

CITY: HIALEAH, **STATE:** Florida (FL), **ZIP CODE:** 33142

HOME PHONE: 7868245745, **ALTERNATE PHONE:**

SSN: 155-98-9049 **BIRTH DATE:** 1966-05-13 00:00:00 **MARITAL STATUS:** SINGLE

EMAIL: odalysnj13@gmail.com

EMERGENCY CONTACT INFORMATION

FULL NAME: Sheila Pino

ADDRESS: 1475 NW 14 th Ave, **APARTMENT/UNIT:**

CITY: Miami, **STATE:** Florida, **ZIP CODE:** 33185

HOME PHONE: 7863178182, **ALTERNATE PHONE:**

JOB INFORMATION

TITLE: 1.

INITIAL SALARY: 15 \$(USD).

SUPERVISOR: Kenia Gamboa

WORK NAME AND LOCATION: 2210 NW 92 AVENUE SUITE E4 MIAMI FL 33172.

WORK PHONE: .

EDUCATION

HIGH SCHOOL: Instituto Politecnico " Pelleguina Saida Saida"

COLLEGE/UNIVERSITY:





REFERENCES

NAME: Marcos

ADDRESS: 1885 NW 27 ST

TELEPHONE: 7862587689, **OCCUPATION:** sales, **YEARS KNOWN:** 8

NAME: Sheila Avallo

ADDRESS: 1885 NW 27 ST

TELEPHONE: 7864264411, **OCCUPATION:** HHA, **YEARS KNOWN:** 3

EMPLOYMENT

EMPLOYER NAME AND ADDRESS: Florida Hospital Winter Park

POSITION TITLE/DUTIES SKILLS: Flebotomy

SUPERVISOR'S NAME: Ana, **TELEPHONE:** 4076467030

DATES EMPLOYED FROM: 06/2012 **TO:** 07/2015

REASON FOR LEAVING: New work opportunity

EMPLOYER NAME AND ADDRESS: Florida Hospital Winter Park

POSITION TITLE/DUTIES SKILLS: Flebotomy

SUPERVISOR'S NAME: Ana, **TELEPHONE:** 4076467030

DATES EMPLOYED FROM: 06/2012, **TO:** 07/2015

REASON FOR LEAVING: New work opportunity

Odalis Escobena

INDEPENDENT CONTRACTOR SIGNATURE

