



UNITED FAMILY HEALTHCARE INC.

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION

Full Name: Rodriguez Madeleine Madeleine
Last First M.I.
Address: 400 West 29th Pl 203
street address apartment/unit#
Hiakah, FL 33012
City State Zip Code
Home Phone: 786-306-4012 Alternate Phone: _____
Email: r.madeleine62@yahoo.com
SSN: 766-02-8515 Birth Date: 10/22/1962 Marital Status: divorce

EMERGENCY CONTACT INFORMATION

Full Name: Rodriguez Christian
Last First M.I.
Address: 2735 West 61 Pl 105
street address apartment/unit#
Hiakah, FL 33016
City State Zip Code
Home Phone: 786-616-2290 Alternate Phone: _____

JOB INFORMATION

Title: DemeTech. (Work Production) Supervisor: Blanca
Work Name and Location: 5980 Miami Lakes Dr, Miami Lakes 33014
Work Phone: (305) 884-8883 Salary: \$12.00 x hora

EDUCATION

High School Bachiller Ciencias y Letras - Curso 1980-81
College/University "Instituto Pre-universitario Pablo de la Torre Brava" Cuba.





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REFERENCES

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

Name: Yoana Delgado
Address: 2735 West 61 Pl Apt. 105
Telephone: 786 - 405 - 3882 Occupation: Lobby Lady Years Known: 7

Name: Luis Orlando de la Noval
Address: 1990 East 6 Ave Hialeah, FL 33013 Teleph
one: 305 - 244 - 9699 Occupation: chef Years Known: 10

EMPLOYMENT:

Employer Name and Address: (Picanova) 3443 NW 107 St. Miami FL 33167
Position Title/Duties Skills: Produccion Worker
Supervisor's Name: Wilmer Telephone: 786 - 703 - 5999
Dates Employed From: 11/15/2021 to 12/27/2021
Reason for leaving: empleador no necesito mas fuerza laboral

Employer Name and Address: (Bee Creative Gifts)

Position Title/Duties Skills: Produccion Worker
Supervisor's Name: Araelys Telephone: 786 - 597 - 0940
Dates Employed From: 07/06/2021 to 11/05/2021
Reason for leaving: empleador o dueño cerro compania.

CONFIRMATION

Independent Contractor Signature: [Signature]

