



**UNITED FAMILY
HEALTHCARE INC.**

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION

Full Name: URIBE SUSAN M
Last First M.I.
Address: 7420 SW 107 AVE 204
street address apartment/unit#
Miami FL 33173
City State Zip Code
Home Phone: _____ Alternate Phone: 786) 913-3364
Email: SUSANURIBE1021@yahoo.com
SSN: 155-88 6377 Birth Date: 10/04/1973 Marital Status: Single

EMERGENCY CONTACT INFORMATION

Full Name: Serrano MARIA C
Last First M.I.
Address: 7420 SW 107 Ave 204
street address apartment/unit#
Miami FL 33173
City State Zip Code
Home Phone: 786-560-5083 Alternate Phone: _____

JOB INFORMATION

Title: HHA Supervisor: Kenia
Work Name and Location: United Family
Work Phone: 786-747-8002 Salary: 12.00 - 10.50

EDUCATION

High School: Juanita alarco Lima - Peru
College/University: _____





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REFERENCES

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

Name: MAYNLY Perez
Address: 7471 SW 152 Ave Miami FL 33193
Telephone: 786 488 5830 Occupation: RBT Years Known: 3

Name: Joenna fernandez
Address: 1425 SW 103 ST Teleph
one: 786 - 439 - 1773 Occupation: Lead Years Known: 10

EMPLOYMENT:

Employer Name and Address: Eternal Life Service
Position Title/Duties Skills: HHA
Supervisor's Name: Vanna Telephone: 305-600-9228
Dates Employed From: 3/21 to 11/21
Reason for leaving: _____

Employer Name and Address: CoCA - University of Miami
Coral Gable
Position Title/Duties Skills: Maintenance
Supervisor's Name: Ederal Telephone: 305-900-8853
Dates Employed From: 2/2003 to 11/2009
Reason for leaving: _____

CONFIRMATION

Independent Contractor Signature: _____

