ETCHED QUALITY CARE

PERSONAL INFORMATION

Full Name								
Yolanda / Chisango								
Present Address		City	State/Province		Zip/Postcode			
1747 Port Royal Lane		Frisco	TX		75407			
Home Phone	Email			Hours wan	nted weekly			
9425271502	ychis1984	@gmail.com						
MATCH CRITERIA								
General Criteria								
Dementia Experience								
Hospice Experience								
Incontinence Experience								
More than 2 years caregiving experience								
OK with Client Smoking								
Will drive client in Caregiver's car								
Will drive client in Client's car								
	Pet Criteria							
OK with Cats								
Transfer Criteria								
Gait Belt Experience								
Hoyer Lift Experience								
Certification Type Expiration Date								
Car Insurance								
Chest X-Ray								
CPR Certification								
Driver's License								
Passport								

Tuberculosis Test

School/College		Degree received							
			·						
EMPLOYMENT HISTORY									
Employer	Phone	Address		City	Date Employed:				
					-				
					-				
					-				
		OFFCCION		EEDENGE					
	PR	OFESSION	VAL KE	FERENCE					
Manage Control			F1						
Name			Phone						
			ļ						
	AD	DITIONAL	INFO	RMATION					
legally authorized to work in the United States									
Yes									
Emergency Contacts									
Have you ever been con	nvicted of a felony?								
No									
IMPORTANT									
Yc									
What days are you avai	ilable for work (Mon	iday - Sunday)	?						
Asap									
This job may require you to transfer up to 75 pounds of dead weight to bed, commode, wheelchair, couch, etc. Are you able to perform this task? (Yes or No):									
Yes									
<u> </u>									
How far are you willing to drive from home to work with a client?									

20 miles

If hired, when are you available to start work?

Asap

list the job skills that you have experience and will perform

Patient position Ambulating Bathing patient Meal preparation Light house cleaning Wound care

SIGNATURE

Name	Sign On
Yolanda Chisango	2024-05-16