ETCHED QUALITY CARE

PERSONAL INFORMATION

Full Name							
Yolanda / Chisango							
Present Address		City	State/Province		Zip/Postcode		
1747 Port Royal Lane		Frisco	TX		75407		
			1				
Home Phone	Email		Hours want		ted weekly		
9425271502	ychis1984	@gmail.com					
		матсн с	RITERIA				
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					ration Date		
Car Insurance 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					
PROFESSIONAL REFERENCE									
Manage Control			F.1						
Name			Phone						
			ļ						
ADDITIONAL INFORMATION									
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									
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