Application for Certified Nursing Assistant (CNA) – In-Home Care

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Fallon Daniel
Other Names Used: Geraldine Mitchell
Date of Birth: 2015-07-16
SSN: 416-23-4423
Driver’s License & State: 109
Address: Autem elit et labor
Country, State, City: Veniam qui repellen, Et velit commodi ess, Doloremque dolor ull
Phone: +11343444324
Email: xypasel@mailinator.com

Authorization and Consent:

I hereby authorize uKinnect, LLC ("Company") or its agents to obtain a background check on me. This may include but is not limited to:

- Criminal History
- Employment Verification
- Education Verification
- Motor Vehicle Records
- Reference Checks
- Professional License Verification

This information will be used solely to evaluate my eligibility as an independent contractor. I understand I may request a full disclosure in writing. I release uKinnect and any providers of information from liability. This authorization is valid during my contract or as long as legally allowed.

Contractor’s Acknowledgment and Signature:

Signature:

 signature

Printed Name: Evan Crawford

Date: 3/27/2026