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

## uKinnect, LLC

### Background Check Authorization

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### Contractor Information:

**Full Name:** Heather Shields
**Other Names Used:** Linda Shelton
**Date of Birth:** 1973-06-13
**SSN:** 685
**Driver’s License & State:** 684
**Address:** Sit id est rerum a
**Country, State, City:** Et minima officia cu, Est voluptatem Sed , Magna officia dolori
**Phone:** +1 (178) 378-6299
**Email:** mygovesyny@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: Heather Shields

Date: 7/4/2025