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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Jane Marie Doe
Other Names Used: J. M. Smith
Date of Birth: 1990-05-15
SSN: 123-45-6789
Driver's License & State: GA1234567
Address: 123 Main St, Atlanta, GA
Country, State, City: United States, Georgia, Atlanta
Phone: +14045550199
Email: jane.doe@example.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:

Printed Name: Jane Marie Doe

Date: 3/26/2026