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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Rhona Blair
Other Names Used: Baker Cooke
Date of Birth: 1996-05-21
SSN: 219
Driver’s License & State: 504
Address: In ut tempora aut an
Country, State, City: Obcaecati pariatur , Sit debitis eaque om, Esse velit aut dese
Phone: +1 (161) 293-7918
Email: ceqogi@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: Rhona Blair

Date: 7/4/2025