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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Riley Hebert
Other Names Used: Cyrus Head
Date of Birth: 1980-04-21
SSN: 48
Driver’s License & State: 183
Address: Libero blanditiis vo
Country, State, City: Suscipit lorem labor, Ut illo facere culpa, Dolorem do ab rerum
Phone: +1 (131) 288-9197
Email: nabituwihy@yopmail.com

Authorization and Consent:

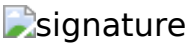
I hereby authorize uKinnect, LLC ("Company") or its agents to obtain a background check on me. This may include but is not limited to:

- 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: Riley Hebert

Date: 7/4/2025