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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Roanna Branch
Other Names Used: Hu Douglas
Date of Birth: 2012-01-21
SSN: 987
Driver’s License & State: 754
Address: Amet qui a facilis
Country, State, City: Aliqua Pariatur La, Eos veniam volupta, Tempore optio blan
Phone: +1 (997) 427-2025
Email: rajubezu@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: Roanna Branch

Date: 8/28/2025