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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Sally Smith
Other Names Used: Doris
Date of Birth: 2001-06-15
SSN: 334-44-5234
Driver's License & State: 0678923
Address: 153 Sulky Lane
Country, State, City: USA, GA, Marietta
Phone: 7705236008
Email: a2213@bellsouth.net

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: Sally Smith

Date: 8/21/2025