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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Shelda Benjamin
Other Names Used: Shell
Date of Birth: 1987-09-20
SSN: 292731715
Driver's License & State: 235725472000
Address: 1301 Wiloaks drive
Country, State, City: Usa, GA, Snellville
Phone: 4044547933
Email: Chariteshelda@yahoo.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: Shelda Benjamin

Date: 8/19/2025