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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: Test Carr
Other Names Used: Aiko Kirby
Date of Birth: 2011-06-18
SSN: 572
Driver’s License & State: 119
Address: Veritatis est tempo
Country, State, City: Doloremque voluptas , Veniam et sunt ut e, Animi enim in labor
Phone: +1 (754) 223-4969
Email: codede@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:

Printed Name: Test Carr

Date: 7/2/2025