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

uKinnect, LLC

Background Check Authorization

Contractor Information:

Full Name: jhon22
Other Names Used: dgedgede
Date of Birth: 2025-07-03
SSN: ffr334
Driver’s License & State: ededed
Address: 123 Main St
Country, State, City: dede, ededed, ededed
Phone: 3103456949
Email: japan@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:

Printed Name: jhon22

Date: 7/8/2025