



BACKGROUND INVESTIGATION CONSENT

I, _____, (applicant complete name), hereby authorize Harvest Network International and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my application and/or obtaining other information, which may be material to my qualifications as a member of Harvest Network International now, and if applicable, during the tenure of my membership with Harvest Network International.

I release Harvest Network International and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Name: _____
Last First Middle

Maiden, Alias or Former Name: _____

Sex (circle one): Male Female

Date of Birth: _____ Social Security Number: _____

Present Street Address: _____

City, State, Zip: _____ How long? _____

County: _____ Phone number _____

Former Street Address: _____

City, State, Zip: _____ How long? _____

Signature of Applicant

Date

If you are unable to sign electronically, please print and sign here.