



**Veterans Medical  
Research Foundation**

3350 La Jolla Village Drive #151A  
San Diego, CA 92161

Main # (858) 642-3080 FAX# (858) 642-3081

# EMPLOYMENT APPLICATION

Pursuant to the Americans with Disabilities Act, please contact the Veterans Medical Research Foundation should you require specific aids to fully participate in the interview process. Phone: 858-642-3080 Email: [jobs@vmrf.org](mailto:jobs@vmrf.org)

**PERSONAL INFORMATION** Complete *all* applicable information – information left blank may disqualify the application.

Name (Full - Last, First, MI)			Today's Date		
Other Names Used					
Street Address			City	State	Zip
Home Phone	Business Phone	E-mail		Job Number Applied for	
Position Title Applied for	Salary Desired \$	Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Overtime <small>(Consistent attendance and punctuality are essential requirements of every job with the company.)</small>			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to start employment?			
Are any of your relatives presently employed with our company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of relative: _____		Previous or concurrent employment with the VASDHS? <input type="checkbox"/> No <input type="checkbox"/> Yes Date(s): _____ Title: _____ Dept./Location: _____			
Have you previously been employed by or ever applied for employment with our company? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____		Previous or concurrent employment with UCSD? <input type="checkbox"/> No <input type="checkbox"/> Yes Date(s): _____ Title: _____ Dept./Location: _____			

**EMPLOYMENT HISTORY** (List below last three employers, starting with the most recent one first)

Present or Last Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip
Duties		Reason for Leaving		
Starting Salary \$	Final Salary \$	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip
Duties		Reason for Leaving		
Starting Salary \$	Final Salary \$	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor	

**EMPLOYMENT HISTORY (CONTINUED)**

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address	City	State	Zip
Duties	Reason for Leaving		
Starting Salary \$	Final Salary \$	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Have you been discharged from any job within the last five years?

No  Yes, explain: \_\_\_\_\_

Have you quit after being notified that you would be terminated?

No  Yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? (Do not refer to traffic citations.) Criminal conviction does not constitute an automatic bar to employment.

No  Yes, explain: When? \_\_\_\_\_ Court & Location: \_\_\_\_\_

Nature of Conviction: \_\_\_\_\_

Have you ever been disbarred or otherwise lost a license to practice your profession?

No  Yes, explain: \_\_\_\_\_

**EDUCATION INFORMATION**

High School or GED	Address	City		GPA	
		State, Zip			
College	Address	City	Degree Received	Major	GPA
		State, Zip		Date Graduated	
College	Address	City	Degree Received	Major	GPA
		State, Zip		Date Graduated	
Graduate School	Address	City	Degree Received	Major	GPA
		State, Zip		Date Graduated	
Other	Address	City	Degree Received	Major	GPA
		State, Zip		Date Graduated	
If physician or nursing applicant, complete following:					
License Number:		Expiration date:		State	

**ADDITIONAL TRAINING/SKILLS**

Please describe any additional experience, training, skills, Certificates, Licenses, etc. relevant to position:

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

- Non discrimination policy: Veterans Medical Research Foundation (VMRF) does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, veterans status, disability, sexual orientation and any other protected categories. No question on this application is intended to secure information to be used for such discrimination.
- I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by VMRF unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.
- In consideration of my employment, I agree to conform to the rules and standards of VMRF, as amended from time to time at VMRF’s sole discretion. I understand that in accepting this application, VMRF is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I understand that no employee or representative of VMRF has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are contingent upon proof of my identity, legal ability to work in the United States, successful completion of pre-employment screening and satisfactory reference checks.
- I authorize VMRF to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from VMRF. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks and documentation. I will, upon request, sign all necessary consent forms.

*I understand that all inquiries on this application must be completed and if any inquiry is left blank, my application will be rejected. I also acknowledge that I have read and understand all of the above statements and hereby grant permission to confirm the information supplied on this application by me.*

Applicant Signature <input type="checkbox"/>	Date
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**HUMAN RESOURCES APPROVAL**

HR Representative Signature		Date	Assigned EE#	
PI	Supervisor	Funding Source	Phone	Mailcode