



**Veterans Medical  
Research Foundation**  
3350 La Jolla Village Drive #151A  
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Main# (858) 642-3080 Fax# (858) 642-3081

## APPLICANT RELEASE

### Applicant Release

*Please submit this form with the employment application form.*

Name (Full - Last, First & MI)		Home Phone Number	
Address—Number & Street		Cell Phone Number (if any)	
City	State	Zip Code	Social Security Number

I hereby authorize the employer or its representatives, to contact and obtain information from all references, employers, educational institutions, and licensing agencies to verify the accuracy of this employment application, resume and job interview. I agree to release any references, employers, educational institutions, licensing agencies from liability in regard to the final outcome(s) due to the transmission of reference materials.

Applicant Signature	Date
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