



JOHN D. DINGELL
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RESEARCH SERVICE (11R)
4646 JOHN R
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(313) 576-3430

APPLICANT RELEASE

Applicant Release

Please submit this form with the employment application form.

Name (Full – Last, First & MI)	Home Phone Number
Address – Number & Street	Date of Birth
City, State, Zip Code	Social Security Number

I hereby authorize the employer or its representatives, to contact and obtain information from all references, employers, education institutions, and licensing agencies to verify the accuracy of this employment application, resume and job interview. I agree to release any references, employers, education 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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