

New Mexico Clinical Research & Osteoporosis Center, Inc.

Reference Consent Form

I authorize New Mexico Clinical Research & Osteoporosis Center, Inc. (NMCROC) to investigate my application for employment and to obtain whatever information NMCROC deems appropriate in order to evaluate my application, including but not limited to, verification of the statements made on my employment application. I also authorize NMCROC to contact my previous employers and the references listed on my application

I release and discharge NMCROC, its directors, officers, and employees and any previous employer or reference of mine from any and all claims or liability whatsoever related in any way to communications given in response to a request for an employment reference or verification or any other information requested by NMCROC in order to evaluate my application, including but not limited to any claim for defamation.

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

Applicant Signature

Date