



EOAF, Inc.  
Celebrating 60 Years  
1960 ~ Present

# Eastern Oregon Recovery Center

## Substance Abuse Services

### Authorization to Obtain Motor Vehicle Report

I have applied for employment with Eastern Oregon Recovery Center, formally EOAF, Inc. Because the position I am applying for may require that I drive a vehicle on behalf of Eastern Oregon Recovery Center, I understand that my driving record must be verified by Eastern Oregon Recovery Center's insurance carrier prior to my employment.

I understand that my application is conditional upon the approval of my driving record by Eastern Oregon Recovery Center's insurance carrier. I also understand that if I am offered a position with Eastern Oregon Recovery Center, my driving record will be checked periodically by the insurance company.

I hereby authorize Wheatland Insurance Center Inc. and/or the insurance company for Eastern Oregon Recovery Center to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to Eastern Oregon Recovery Center regarding my insurability.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State, Zip Code

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_