



EOAF, Inc.
Celebrating 60 Years
1960 ~ Present

Eastern Oregon Recovery Center

Substance Abuse Services

Employment Reference Check Authorization Form

I give Eastern Oregon Recovery Center the right to investigate all references and to secure additional information about me, if job-related.

I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Previous Employer (s): _____

This permission is good for six months or: _____

Printed Name: _____ Signature: _____ Date: _____