



EOAF, Inc.  
Celebrating 60 Years  
1960 ~ Present

# Eastern Oregon Alcoholism Foundation

Substance Abuse & Detoxification Services

## Employment Reference Check Authorization Form

I give Eastern Oregon Alcoholism Foundation 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: \_\_\_\_\_