Eastern Oregon
ALCOHOLISM FOUNDATION

EOAF, Inc.

EMPLOYMENT REFERENCE CHECK

I give the 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

I understand and agree that my electronic signature is the equivalent of a manual signature and that E.O.A.F. may rely on it as such.

Signature: Date:

Alcohol and Drug Treatment

Phone: 541-276-3518
Fax: 541-276-4189

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