Eastern Oregon
ALCOHOLISM FOUNDATION

EOAF, Inc.

EASTERN OREGON ALCOHOLISM FOUNDATION
AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

I have applied for employment with EASTERN OREGON ALCOHOLISM FOUNDATION. Because the position I am applying for may require that I drive a vehicle on behalf of EASTERN OREGON ALCOHOLISM FOUNDATION I understand that my driving record must be verified by EASTERN OREGON ALCOHOLISM FOUNDATION'S insurance carrier prior to my employment.

I understand that my application is conditional upon the approval of my driving record by EASTERN OREGON ALCOHOLISM FOUNDATION'S insurance carrier. I also understand that if I am offered a position with EASTERN OREGON ALCOHOLISM FOUNDATION, 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 ALCOHOLISM FOUNDATION to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to EASTERN OREGON ALCOHOLISM FOUNDATION regarding my insurability.

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:

Printed Name:

Address:

Date of Birth:

Drivers License #: State:

Alcohol and Drug Treatment

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

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Pendleton, Oregon 97801