



Cali-Camp Summer Day Camp Applicant Release Form



Name of Applicant: _____

Please consider my application for employment by Cali-camp Summer Day Camp. I understand that all statements made on my application and throughout the interview process will be verified by Cali-Camp.

I authorize the above-named employer to consider my application for employment and authorize its representatives to engage in background checks regarding any and all statements I have made on the application and during the interviews. I give the above-named employer the right to obtain any other information regarding my previous employment, skill and abilities, which they deem relevant.

I release any individual, partnership, corporation, firm, public entity or public official from any employment practices liability for providing such information to Cali-camp.

_____/_____/20____
Applicant's Signature Date

_____-_____-_____
Social Security Number Phone Number ()_____-_____-_____

Current Address City State Zipcode

Cali-Camp Summer Day Camp
1717 Old Topanga Cyn. Rd.
Topanga, CA 90290

Office Hours: 9:00am to 5:00pm

<http://www.calicamp.com> email: staff@calicamp.com