



Cali-Camp at Big Rock Ranch Employment Verification Form

Name of Cali-Camp Staff Member / Applicant: _____

This form is to assist Cali-Camp in the verification of previous employment, at your establishment, by the above Cali-Camp staff member / applicant.

The above Cali-Camp staff member / applicant worked at:

Name of Camp / Business / Organization: _____

From ____/____/____ to ____/____/____ as _____

From ____/____/____ to ____/____/____ as _____

Comments (optional):

References name: _____ Relationship to applicant: _____

Business phone: () _____ - _____ Business email address: _____

Reference Signature: _____ Date: ____ / ____ / 200__



Please Mail to:

Cali-Camp Summer Day Camp 1717 Old Topanga Cyn. Rd. Topanga, CA 902909

Or Fax to: (310)455-0408

Phone # (310)455-0404