

KIDCAM, L.L.C.

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SUMMER DAY CAMP PROGRAMS

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Background Checks

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Kidcam, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Kidcam, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Camp Name

Employee's Name – Printed

Social Security Number

Employee's Date of Birth

Signature of Parent if employee is under the age of 18.

****THIS FORM MUST BE MAILED TO THE
KIDCAM OFFICE NO LATER THAN
APRIL 20, 2010.***

