



SUMMER WORK & TRAVEL PROGRAM

2006 Employment Offer Form

International YMCA

We build strong kids,
strong families,
strong communities.

Employer completes section 1. Participant completes section 2.

Please type or print neatly!

Name of Summer Work Travel Participant _____

1. Employer Section

Company Information

Company Name _____ DBA _____

Address _____

City, State, Zip Code _____ Web Site _____

Name of Supervisor _____ Title _____

Telephone _____ Fax _____

Mobile Telephone _____ E-mail _____

Primary Business Activities: _____

Job Information

Employed from _____ to _____ Job Title _____

Job duties _____

Who will pay the participant? _____

Wage per hour _____ # of hours per week _____ End of season bonus? Yes/No If yes, amount? _____

Housing Information

Accommodations provided? Yes/No Cost of accommodations per month/week _____ Amount of deposit _____

Accommodations shared? Yes/No Number per room _____ Other fees/expenses (linens, utensils, etc.) _____

House/apartment owned by _____ Relationship to company _____

If accommodations not provided, company will assist by _____

Is transportation to and from work provided? []Yes []No If no, describe options: _____

Signature

Representative completing this document _____ Telephone _____

I certify that the person named above has been offered a temporary position with our company, that our company is not an employee leasing, staffing, and/or temporary agency, that compensation is at the prevailing wage, and that all information is true. Furthermore, I agree to retain a copy of this form for my own records.

Signature _____ Date _____

2. Participant Section

Signature

I understand that this job is not firm and may be revoked for reasons sufficient to the Employer at any time before or after I start working. I agree to work no more than four months in total. I understand that this job can be terminated at any time by myself (with two weeks notice) or by the Employer (for any legally permissible reason). I understand that my hours of work, duties and responsibilities may change at the sole discretion of the Employer.

Name _____ E-mail _____

Signature _____ Date _____