



SUMMER WORK & TRAVEL PROGRAM

2007 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!

Participant Name:

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

Job Information

Employment Site			
Address, City, State, Zip Code			
Employed from	to	Job Title	
Job duties			
Contact Name	Telephone		
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

I certify that I am an employee of the above named company and am authorized to complete this document. I certify that the participant named above has been offered a temporary position with our company, that compensation is at the prevailing wage, and that all information is true. I understand that YMCA Summer Work & Travel participants may begin working and may be paid for their work upon providing a receipt that they have applied for a SSN and that a SSN is not required to begin working or to be paid. I agree to notify the YMCA if the participant changes the employment site, is terminated, leaves employment before the agreed upon date.

Name	Title	Telephone
Signature	E-Mail	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