



SUMMER WORK & TRAVEL PROGRAM

International YMCA

We build strong kids,
strong families,
strong communities.

Employment Offer Form

Employer completes section 1.
Participant completes section 2.
Please type or print neatly!

Participant Name:

1. Employer Section

Company Information

Company Name	DBA
Address	Web Site
City, State, Zip Code	Title
Name of Supervisor	Fax
Telephone	E-mail
Mobile Telephone	

Employment Site

Job Information

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