



SUMMER WORK & TRAVEL PROGRAM

International YMCA
We build strong kids,
strong families,
strong communities.

EMPLOYMENT OFFER FORM (EOF)

Employer completes section 1. Participant completes section 2.

Please type or print neatly!!

Participant's Name:

1. Employer Section

Company Information

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

Job Information

Employment Site:
Address, City, State, Zip Code:

Employed from: _____ **to** _____ **Job Title:**
(mm/dd/yyyy) (mm/dd/yyyy)

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 of student 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 s 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, or leaves employment before the agreed upon date.

Name:	Title:	Telephone:
Signature:	E-Mail:	Date form completed:

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 (120 days) in total. I understand that this job can be terminated at any time by myself (with two weeks notice provided to my supervisor) 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 in accordance with US law.

Name:	E-mail:
Signature:	Date: