

83869



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: Royco Hotels Inc. DBA
 Address: 309 N 5th St. PO Box 1448
 City, State, Zip Code: Norfolk, NE 68701 Web Site: www.roycohotels.com
 Name of Supervisor: Shirley Gibb Title: Director of Training Development
 Telephone: (403)253-2050 Fax: 403-255-3041
 Mobile Telephone: 403-709-6413 E-mail: sgibb@roycohotels.com

Job Information

Employment Site: Comfort Inn
 Address, City, State, Zip Code: 871 York Road, Gettysburg, PA 17325-7501
 Employed from: June to August Job Title: House Keeper
 Job duties: clean guest rooms, hallways, public areas per Job Description
 Contact Name: Donna Wantz Telephone: 717-337-2400
 Wage per hour: 7.50 # of hours per week: 24-30 * End of season bonus? Yes/No If yes, amount?
 additional hours available

Housing Information

Accommodations provided? 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: Onsite accommodation for 2 weeks.
 GM will assist in finding alternative arrangements after that
 Is transportation to and from work provided? Yes/No If no, describe options:
 Bicycling is option + car pooling

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.

Signature

Name: Shirley Gibb Title: Dir Training Development Telephone: 403-253-2050
 Signature: [Signature] E-Mail: sgibb@roycohotels.com Date: 403-709-6413

2. Participant Section

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.

Signature

Name: E-mail:
 Signature: Date: