

83871



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

Job Information

Employment Site Comfort Inn
 Address, City, State, Zip Code 8729 W551 North, Minocqua, WI 54548-1004
 Employed from June to August Job Title Housekeeper
 Job duties clean guest rooms, hallways, public areas per Job Description
 Contact Name Erin Kosiba Telephone 715-358-2588
 Wage per hour 10.00 # of hours per week 35-40 End of season bonus? Yes/No If yes, amount?

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 provided for 2 weeks
General Mgr will assist to send alternate arrangements at that time
 Is transportation to and from work provided? Yes/No If no, describe options: taxi service bicycle

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@raycohotels.com Date 403-708-10413

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 _____