



SUMMER WORK & TRAVEL PROGRAM

83872

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:

I. Employer Section

Company Information

Company Name Royston Hotels DBA _____
 Address 309 N. 5th St.
 City, State, Zip Code Norfolk NE 68701 Web Site www.roystonhotels.com
 Name of Supervisor Shirley Gibb Title Director of Human Resources
 Telephone 403-253-2050 Fax 403-255-3041
 Mobile Telephone _____ E-mail sgibb@roystonhotels.com

Job Information

Employment Site Days Inn Motel
 Address, City, State, Zip Code 200 John Wesley Blvd., Bossier City LA 71112
 Employed from _____ to _____ Job Title Housekeeper/Laundry
 Job duties Housekeeping and Laundry - See Job Descriptions
 Contact Name Mike Bell Telephone 318-742-9200
 Wage per hour \$6.50 # of hours per week 32 End of season bonus? Yes/No No If yes, amount? _____

Housing Information

Accommodations provided? Yes/No 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 aiding in contacting a rental location available
accommodations following the two week provided accommodations
 Is transportation to and from work provided? Yes/No No If no, describe options: taxi and bus service available, bicycle
and apt

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 Shirley Gibb Title Dir Training Development Telephone 403 253-2050
403-708-6413
 Signature [Signature] E-Mail sgibb@roystonhotels.com 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 _____