

# Y SUMMER WORK & TRAVEL PROGRAM

International YMCA  
 1400 North 10th Street  
 Phoenix, AZ 85004  
 602.254.1234

## 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: DB RANCH      ma DB RANCH  
 Address: 6250 CR 61  
 City, State, Zip Code: DIVIDE CO 80814      website WWW.DBRANCH.COM  
 Name of Supervisor: JERRY ROSSEL      title OWNER  
 Telephone: 719-686-9004      fax 719-686-9004  
 Mobile Telephone: 719-964-1069      email VILLAGE@DBRANCH.COM

**Job Information**

Employment Site: \_\_\_\_\_  
 Address, City, State, Zip Code: 6250 CR 61 DIVIDE PO 80814  
 Employed from: JUNE 1 to SEPT. 15      job title: COTTAGE CARE TAKER  
 Job duties: CLEANING COTTAGES - LANDSCAPE  
 Contact Name: JERRY ROSSEL      Telephone: \_\_\_\_\_  
 Wage per hour: 10.00      OVERTIME WORK: 3.5      Overtime pay: YES      If yes, amount: \$ 1.00 PER HR

**Housing Information**

Automobiles provided? Yes/No Cost of use (mileage status per month/week) YES      Amount of deposit: 0  
 Accommodations shared? Yes/No Number of rooms \_\_\_\_\_ Does first/second/third/other (specify) \_\_\_\_\_ N/A  
 Is accommodation owned by JERRY ROSSEL Relationship to company: OWNER  
 If accommodations not provided, company will supply: \_\_\_\_\_  
 Is transportation to and from work provided? Yes/No if no, describe options: YES

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 but 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	Title	Telephone
Signature	E-Mail	Date

#### 2. Participant Section

I agree to the job as outlined and may be required for reasons of business if 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: Jerome A. Roszel      Email: VILLAGE@DBRANCH.COM  
 Signature: [Handwritten Signature]      Date: 3-2-08