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# 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 Royco Hotels DBA \_\_\_\_\_  
 Address 309 N. 5th Street  
 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 403-255-3011  
 Mobile Telephone 403-708-6413 E-mail sgibb@roycohotels.com

Job Information

Employment Site Suites of Key Largo  
 Address, City, State, Zip Code 201 Ocean Drive Key Largo, FL 33037-4325 Job Title Housekeeper  
 Employed from \_\_\_\_\_  
 Job duties Clean guest rooms, hallways, public Areas (see Job Description)  
 Contact Name Ron Ranch Telephone 305-451-5081  
 Wage per hour 8.75 # of hours per week 30-40 End of season bonus? Yes/No (No) If yes, amount? \_\_\_\_\_

Housing Information

Accommodations provided? Yes/No (Yes) Cost of accommodations per month/week 0 Amount of deposit 0  
 Accommodations shared? Yes/No (Yes) Number per room 2 \* Other fees/expenses (linens, utensils, etc.) 0 \* 2 YMCA Applicants will share \*  
Room Onsite  
(House/apartment owned by \_\_\_\_\_) Relationship to company \_\_\_\_\_  
 If accommodations not provided, company will assist by \_\_\_\_\_  
 Is transportation to and from work provided? Yes/No (No) If no, describe options: Buses and Taxi's

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 Dev Telephone 403-253-2050  
403-708-6413  
 Signature Shirley Gibb E-Mail sgibb@roycohotels.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 \_\_\_\_\_