



# SUMMER WORK & TRAVEL PROGRAM

83867

## 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 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 Super 8 Motel Iowa City  
 Address, City, State, Zip Code 611 First Avenue  
Corvair, IA 52241-2101 Job Title Housekeeper  
 Employed from \_\_\_\_\_  
 Job duties Housekeeping - See Job Description - Clean guestrooms  
hallways  
Public Areas  
 Contact Name Jewe Klein Telephone 319-337-8388  
 Wage per hour 8.00 # of hours per week 30-40 End of season bonus? Yes/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 Hotel accommodations provided for 2 (two) weeks.  
General manager will assist in finding alternative arrangements after that.  
 Is transportation to and from work provided? Yes/No No If no, describe options City buses and bicycling is an option.

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 Director of Training Dev Telephone 403-253-2050  
403-708-6413  
 Signature \_\_\_\_\_ 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 \_\_\_\_\_