

# Lummi Commercial Company

2751 Haxton Way #1, Bellingham, WA 98226 Phone: (360) 758-4223 Fax: (360) 758-2573

JOB ANNOUNCEMENT JOB TITLE: Human Resources Assistant

EXEMPT: No SALARY: \$15-\$18 DOE SHIFT: M-F, Day-Shift LOCATION: LCC Admin. STATUS: Part-Time JOB CODE: ORGANIZATION: Lummi Commercial Company DEPARTMENT: LCC Admin. SUPERVISOR: Human Resource Director VACANCY: 1

**JOB SUMMARY:** Under the direction of the Human Resource Director, the Human Resources Assistant will provide administrative support to the HR Department, company employees, and applicants. The HR Assistant will help the HR Director with routine administrative tasks while also helping company employees find solutions.

**ESSENTIAL JOB DUTIES & RESPONSIBILITIES:** includes the following, and other duties as assigned:

- Provide assistance to the HR Department
- Manage human resource functions for the company including but not limited to:
  - o employee records maintenance
  - o recruiting
  - o interviewing
  - o onboarding
  - benefits administration
  - o process and record changes to employees' status updates in the HRIS
  - o assist with preparation of reports
- Ensure the company's employees have the resources necessary to efficiently and effectively carry out their duties
- Coordinate with appropriate Managers/Directors on pertinent human resources issues
- Prepare and maintain employee personnel files, assuring accuracy, compliance and confidentially
- Other duties as assigned by the Human Resource Director

#### **KNOWLEDGE, SKILLS & ABILITIES**

- Able to be professional and treat all employees, the Board of Directors, general council and the public with the utmost respect at all times
- Must be able to work independently, exercise good judgment, balance priorities and workload
- Excellent oral and written communication skills and attention to detail
- Maintain the highest degree of confidentiality at all times

#### REQUIREMENTS

• Native American/Lummi Veteran's preference policy applies

- High School diploma or GED required
- AA Degree in Human Resources or a closely related field preferred or two (2) years minimum work experience as an Administrative/Office Assistant
- Requires fluency in computers, Excel, Word, Outlook and office equipment
- Requires strong communication skills and the ability to work with people of diverse backgrounds
- Requires demonstrated willingness to take direction and serve under multiple managers on simultaneous tasks
- Must be able to sit/stand for prolonged periods of time
- Must be able to lift 20 pounds
- Must pass pre-employment and random drug and alcohol test to be eligible for and maintain employment, as required by the LCC Substance Abuse Policy
- Must pass an extensive criminal background check
- Must possess a valid Washington State Driver's license and meet eligibility requirements for tribal insurance

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|-------|--------|------|--------|-----|
| EMPL  | OYMENT | APPL | ICATIO | )N  |

2751 Haxton Way #1, Bellingham, WA 98226, 360-758-4223 T, 360-758-2573 F

Tom Kinley ThomasK@lcc-lummi.com

Please include a cover letter and resume along with this application.

Please Type or Print. Answer all questions fully and accurately.

Your Application will not be considered if incomplete, unsigned, or returned after advertised closing date.

Name Please list any aliases, previous name, nickname, other name change legal or otherwise Address (Street, PO Box) City State Zip Code How long at this residence? If less than 1 year provide other addresses Phone No: E-mail Address: Valid WA driver's license? Yes No Are you legally permitted to work in this country? Yes No Are you enrolled in a Federally Recognized Native American Nation/Tribe? Yes No If yes, you must provide official enrollment verification to qualify for Native Preference. Attach enrollment card. Name of Tribe/Nation: Are you a Lummi Fisherman? Yes No **Enrollment No:** Are you an American Veteran? Yes No If yes, provide Branch, service dates, & discharge type: Have you ever been fingerprinted? If yes, list reason: Yes No Have you ever been convicted of any offense(s)? Yes No Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). Leave out traffic fines of less than \$50.00. FAILURE TO DISCLOSE WILL RESULTS IN LOST EMPLOYMENT OPPORTUNITY. Cashier Addendum Questions. (Answer if applying to work in any of our stores.) Are you over 18? Yes No Are you able to lift 40 pounds unassisted? Yes 🗌 No Are you over 21? Yes No Are you able to stand for long periods? Yes No Do you have or are you capable of obtaining a Food Hander's Permit within 90 days? Yes No When are you available for work? Anytime 5:30am-3:00pm 1:30pm-12:30am Weekends Positions(s) Applying For: (Check all that apply) Full-Time Part-Time On-Call Seasonal Other: Cove Mini Mart 260 TFS LIBC Café Skipper's Loomis Trail Years of Experience: **Expected Salary:** (Provide Copies of Transcripts or Diploma) **EDUCATION** Type of School Name and State Years Completed Graduated Y/N **High School** Vocational/Trade College/University Type of Degree Obtained Associates BA MA PHD Other What is your Degree in? Please provide any additional knowledge, skills, qualifications that you may have, and any professional organizations, which you belong to that, are relative to the position(s) you are currently applying for. Must list 3 references that can be contacted for verification. (Professional who can verify your work abilities.) Name Title Company Phone Number/Email **HR** Use Only Date Received: Received from: Entered into Database:

Rev. 6.26.2019

|  | liate family m                     |                           |   | mployed with the Lummi Nation  |  |  |
|--|------------------------------------|---------------------------|---|--|--|--|
| Family Members Name  | Position/Title                     |                           |   | Relationship   |  |  |
|  |                                    |                           |   |  |  |  |
|  |                                    |                           |   |  |  |  |
| Employment History (Please Lis   | t Present or                       | Last Po                   | sition First) Provi   | ide work history for last 5 years. If  |  |  |
|  | 9 0                                |                           | t. Supplemental   | • •  |  |  |
| Name of Employer   | Position/Title                     |                           |   | Dates of Employment  |  |  |
| Supervisors Name   | pervisors Name Phone Number        |                           |   | Beginning Rate of Pay<br>Ending Rate of Pay  |  |  |
| Explain in Detail your duties  |                                    |                           |   | <u></u>  |  |  |
| What do/did you enjoy most about thi   | s position?                        | What                      | do/did you enjoy <u>le</u>  | ast about this position?   |  |  |
| Explain why you left this position or v  | vhy you wish                       | to leave                  | current position  |  |  |  |
| Name of Employer   | Position/                          | Title                     |   | Dates of Employment  |  |  |
| Supervisors Name   | Phone Nu                           | mber                      |   | Beginning Rate of Pay  |  |  |
| -  | 1                                  |                           |   | Ending Rate of Pay   |  |  |
| Explain in Detail your duties  |                                    |                           |   |  |  |  |
| What did you enjoy most about this   | s position?                        |                           | What did you enjo   | oy least about this position?  |  |  |
| Explain why you left this position   |                                    |                           |   |  |  |  |
| Name of Employer   | Position/                          | <b>Fitle</b>              |   | Dates of Employment  |  |  |
| Supervisors Name   | Supervisors Name Phone Number      |                           |   | Beginning Rate of Pay<br>Ending Rate of Pay  |  |  |
| Explain in Detail your duties  | 1                                  |                           |   | Linding Rate of Lay  |  |  |
| What did you enjoy most about this What did you enjoy least about this position  |                                    |                           |   |  |  |  |
| position?<br>Explain why you left this position  |                                    |                           |   |  |  |  |
|  |                                    | -                         | والمراجع وا |  |  |  |
| Agreement and Declarations   |                                    |                           |   |  |  |  |
| Please Read the Following Prior to Signing Application   |                                    |                           |   |  |  |  |
| I certify that the statements made in this applic  |                                    |                           |   | iowledge.  |  |  |
| I understand that false or misleading information may result in termination of my employment.<br>I authorize the LCC Human Resources Department to verify any of the statements, employment/education information provided and to solicit            |                                    |                           |   |  |  |  |
| information desire in connection with this application. I hereby release said organizations, companies and individuals from all liability for any  |                                    |                           |   |  |  |  |
| damage for issuing this information. I understand that all positions are subject to criminal background investigation.   |                                    |                           |   |  |  |  |
| If accepted for employment with the LCC, I agree to abide by all of the LCC Policies and Procedures.<br>I understand that any false statements made by me may be considered sufficient cause for cancellation of any opportunity to work for the LCC |                                    |                           |   |  |  |  |
| and/or dismissal if already employed.  |                                    |                           |   |  |  |  |
| I understand that if I owe the Lummi Nation or any of its entities an account receivable or other debt, I must make arrangements to pay this debt  |                                    |                           |   |  |  |  |
| to be considered for a position with the Lummi Nation. The HR Department must receive from the LIBC Accounting Dept. a written statement stating I have made arrangements to repay my debt.  |                                    |                           |   |  |  |  |
| I understand that THE LCC IS A DRUG FREE WORKPLACE. All employment offers are contingent upon successfully passing a drug and  |                                    |                           |   |  |  |  |
| testing and testing following any on-the-job in<br>random testing some positions are considered  | ijury and when<br>1 a Safety, Secu | a supervis<br>arity-Sensi | or reasonably believes a<br>tive position, which rec  | l employees are subject to annual random drug<br>and employee is unfit for duty. In addition to<br>quires annual drug and alcohol testing. If an |  |  |
| employee refuses to test or tests positive they Workplace Policy.  | will be termina                    | ieu, în acc               | ordance with the policy   | y set forth in the LCC Alcohol and Drug Free   |  |  |
| Signature of Applicant Date  |                                    |                           |   |  |  |  |
|  |                                    | -                         |   |  |  |  |

### Supplemental page for Residence verification

| Name       |                      |  |     |         |             |  |         | -     |
|------------|----------------------|--|-----|---------|-------------|--|---------|-------|
|            | and and a            |  |     | 100.002 | 8 million - |  | 0.00    |       |
| Address (S | Street, PO Box)      |  |     |         |             |  |         |       |
| City       | State                | Zip  |     |         |             |  | 1.11.05 | 5.    |
| Dates live | d at this residence: |  |     |         | ·           |  |         |       |
|            |                      | <u> _                                   </u> |     | C       |             |  | 6       | -     |
| Address (S | Street, PO Box)      |  |     |         |             |  |         |       |
| City       | State                | Zip  |     |         |             |  |         | and l |
| Dates live | d at this residence: |  |     |         |             |  |         |       |
| Address (S | Street, PO Box)      |  |     |         |             |  |         |       |
| City       | State                | Zip  |     |         |             |  |         |       |
| Dates live | d at this residence: |  |     | 15.111  | 41V.Y       |  |         |       |
|            |                      |  |     |         |             |  | 0.000   | 00.50 |
| Address (S | Street, PO Box)      |  | 141 |         |             |  | -       |       |

| City       | State               | Zip |                |
|------------|---------------------|-----|----------------|
| Dates live | d at this residence |     | a solution and |

| Address (  | Street, PO Box)      | The set of |  |
|------------|----------------------|---|--|
| City       | State                | Zip   |  |
| Dates live | ed at this residence | and the second sec  |  |

## Supplemental page for employment history

| Name of Employer   | Position/Title |       |                   | Dates of Employment                         |  |  |  |
|--|----------------|-------|-------------------|---|--|--|--|
| Supervisors Name   | Phone Number   |       |                   | Beginning Rate of Pay                       |  |  |  |
|  |                |       |                   | Ending Rate of Pay                          |  |  |  |
| Explain in Detail your duties  |                |       |                   |   |  |  |  |
| What do/did you enjoy <u>most</u> about this position? What do/did you enjoy <u>least</u> about this position? |                |       |                   |   |  |  |  |
| Explain why you left this position or why you wish to leave current position                                   |                |       |                   |   |  |  |  |
| Name of Employer   | Position/Title |       |                   | Dates of Employment                         |  |  |  |
| Supervisors Name   | Phone Number   |       |                   | Beginning Rate of Pay                       |  |  |  |
| Explain in Detail your duties  |                |       |                   | Ending Rate of Pay                          |  |  |  |
|  |                |       | 1                 |   |  |  |  |
| What did you enjoy most about this   | position?      |       | What did you enjo | y <u>least</u> about this position?         |  |  |  |
| Explain why you left this position   |                |       |                   |   |  |  |  |
| Name of Employer   | Position/7     | litle | 1                 | Dates of Employment                         |  |  |  |
| Supervisors Name   | Phone Nu       | nber  | -                 | Beginning Rate of Pay<br>Ending Rate of Pay |  |  |  |
| Explain in Detail your duties  | <u>.</u>       |       |                   | Ending Kate of Pay                          |  |  |  |
| What did you enjoy most about this position? What did you enjoy least about this position                      |                |       |                   |   |  |  |  |
| Explain why you left this position   |                |       |                   |   |  |  |  |
| Name of Employer   | Position/Title |       |                   | Dates of Employment                         |  |  |  |
| Supervisors Name   | Phone Nur      | nber  |                   | Beginning Rate of Pay                       |  |  |  |
|  |                |       |                   | Ending Rate of Pay                          |  |  |  |
| Explain in Detail your duties  |                |       |                   |   |  |  |  |
| What do/did you enjoy most about this position? What do/did you enjoy least about this position?               |                |       |                   |   |  |  |  |
| Explain why you left this position or why you wish to leave current position                                   |                |       |                   |   |  |  |  |
| Name of Employer   | Position/Title |       |                   | Dates of Employment                         |  |  |  |
| Supervisors Name   | Phone Number   |       |                   | Beginning Rate of Pay                       |  |  |  |
| Explain in Datail your duties  |                |       |                   | Ending Rate of Pay                          |  |  |  |
| Explain in Detail your duties  |                |       |                   |   |  |  |  |
| What did you enjoy most about this position?What did you enjoy least about this position?                      |                |       |                   |   |  |  |  |
| Explain why you left this position   |                |       |                   |   |  |  |  |