

**LUMMI COMMERCIAL COMPANY
EMPLOYMENT APPLICATION**

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

RETURN TO 'NEW' HR EMAIL: LCCHR@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: (First, M.I. & Last)

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 #: **EMAIL 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

MUST include All Offenses where you have been found guilty, pled guilty or no contest. Leave out traffic fines of less than \$50. FAILURE TO DISCLOSE WILL RESULTS IN LOST EMPLOYMENT OPPORTUNITY. (Feel free to attach docs)

POSITION APPLYING FOR: Specify Job Title & Location (Which Store)

1) 2) 3) YRS Exper:

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 Handler's Permit within 90 days: Yes No

When are you available for work: Anytime DAY Shift SWING Shift Graveyard Shift

Full-Time Part-Time On-Call/Temp Weekends Seasonal Open to All

Cove Mini Mart 260 Grocery 260 Truck Stop 260 Fine Spirits Skippers

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. (Professionals who can verify your work abilities.)

Name:	Title:	Company:	Phone Number/Email:

HR USE ONLY

DATE RCD: _____ RCD FROM: _____ ENTERED DB: _____

Please list names of your immediate family member(s) that are currently employed with LCC, FC, LMM & 260

Family Members Name	Position/Title	Relationship

EMPLOYMENT HISTORY: (Please List Present or Last Position First) Provide work history for last 5 years. If unemployed or in school please list. Supplemental sheet available.

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 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
		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

Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
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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

Agreement and Declarations

Please Read the Following Prior to Signing Application

I certify that the statements made in this application are correct and complete to the best of my knowledge.
 I understand that false or misleading information may result in termination of my employment.
 I authorize the LCC Human Resources Department to verify any of the statements, employment/education information provided and to solicit information desired 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.
 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 alcohol test. Applicants who fail the initial drug/alcohol test cannot reapply for 3 months. All employees are subject to annual random drug testing and testing following any on-the-job injury and when a supervisor reasonably believes, and employee is unfit for duty. In addition to random testing some positions are considered a Safety, Security-Sensitive position, which requires annual drug and alcohol testing. If an employee refuses to test or tests positive they will be terminated, in accordance with the policy set forth in the LCC Alcohol and Drug Free Workplace policy.

Signature of Applicant:

Date:

Supplemental page for Residence Verification

Name		
Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

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City	State	Zip
Dates lived at this residence:		

Supplemental page for Employment History

Name of Employer	Position/Title	Dates of Employment
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		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?	
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