**TITLE: Receptionist MML**

**LAST REVISED: August 19, 2019**

**REPORTS TO: Administrator**

**METHOD OF PAY: Hourly**

**PURPOSE OF POSITION:**

The primary purpose of the position is to perform administrative tasks and follow-up functions to assist the Administrator in meeting the administrative needs of the facility.

**RESPONSIBILITIES:**

* Ensure that all communication, whether by telephone or in person, is handled with utmost professionalism and respect.
* Answer the facility’s incoming calls and route appropriately.
* Serve as liaison to the Administrator, medical staff, facility staff, other professional entities, residents’ families, and the general public.
* Greet visitors and direct as necessary.
* Process mail. Maintain postage machine, ordering postage and supplies as needed.
* Receive shipments (UPS, Fed Ex, etc.)
* Assist the Administrator in the planning, developing, organizing, implementing, evaluating, and performing administrative procedures.
* Develop and maintain a good working rapport with personnel within the facility, the corporate office, and other facilities.
* Assist in maintaining good public relations that serve the best interest of the facility and community alike.
* Work with Administrator’s calendar, scheduling meetings and appointments as requested.

**EXPERIENCE:**

* Must have at least 3 years’ experience in an administrative assistant capacity.
* A minimum of two years college or technical education. (AA Degree in Business Administration preferred, but not required.)

**ACKNOWLEDGMENT**

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position of **Administrative Assistant** and agree to perform the identified expectations in a safe manner and in accordance with the facility’s established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious disease, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the **Hepatitis B Virus** and that the facility will make available to me, free of charge, the Hepatitis B vaccination.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself and that such termination can be made with or without notice.

Signature – Administrative Assistant Date

Signature – AdministratorDate