

Help Wanted – Dock Attendant

The Town of Castine is seeking responsible individuals to work as **Dock Attendants** at the town dock during the 2017 boating season (part-time for July and full-time for August).

A job packet is available at the town office and on the “Employment” page of town website (www.castine.me.us). To apply, submit an employment application by mail or email by May 1, 2017 to:

Castine Harbor Master

PO Box 204
Castine, ME 04421

harbormaster@castine.me.us

The Town of Castine is an Equal Opportunity Employer



CASTINE MAINE U.S.A.

02.17.2017

DOCK ATTENDANT – JOB DESCRIPTION

Overview

- The Dock Attendant is a seasonal part-time employee. The appointment is for one boating season and is renewable based on satisfactory performance.
- Dock Attendants are supervised by the Harbor Master.
- Dock Attendants will work, as scheduled by the Harbor Master, to provide full-time coverage (nine hours per day, seven days a week) at the waterfront from the end of June through Labor Day. Individual dock attendants' work schedules will be set by the Harbor Master to achieve this coverage.

Duties and Responsibilities

- Assist boaters with arriving and departing the Town and Acadia docks.
- Assign dock space to transient boats, collect overnight dockage and mooring fees, and log receipts.
- Collect fees for boat trash disposal.
- Respond to requests from boaters and other visitors for information and assistance.
- Assist with the operation of the boat pumpout facility and maintain log book.
- Monitor channels 9 and 16 on VHF radio and Town dock cell phone.
- Keep Harbor Master boat, office and grounds shipshape.
- In the event of severe weather conditions, help secure all Town-owned waterfront property (such as floats, gangways and boats) and assist boat owners.
- Other tasks as assigned by the Harbor Master.

Minimum Qualifications

- Ability to work independently with excellent interpersonal and social skills.
- Available to work variable hours, including weekends, during boating season.

Compensation

- The Dock Attendant is compensated at an hourly rate and paid biweekly.





EMPLOYMENT APPLICATION

TOWN OF CASTINE
P.O. BOX 204 • 67 COURT STREET
CASTINE, MAINE 04421

PHONE (207) 326-4502 • FAX (207) 326-9465 • EMAIL: townoffice@castine.me.us

Town Use Only
RECEIVED
By _____
Date _____

The Town of Castine is an Equal Opportunity Employer

• APPLICANT

POSITION DESIRED: _____ START DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO
(All applicants that are offered employment must provide documents which establish their identity and employment eligibility.)

DRIVER'S LICENSE NO. _____ STATE _____ CLASS _____ EXPIRATION _____

HAVE YOU HAD ANY TRAFFIC CONVICTIONS OR ACCIDENTS IN THE LAST THREE YEARS? YES NO
(If YES, please provide date and details of each conviction or accident on a separate sheet and attach to this application.)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO
(If YES, please provide details including date, charge and disposition of each conviction on a separate sheet and attach to this application. Convictions are not an absolute bar to employment; consideration is given to the offense and its relationship to the position for which you are applying.)

• EDUCATION

HIGH SCHOOL

DO YOU HAVE A DIPLOMA OR G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL NAME	LOCATION
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TRADE OR TECHNICAL SCHOOL

NAME	CERTIFICATE OR DIPLOMA	COURSE OF STUDY

COLLEGE OR UNIVERSITY

NAME	DEGREE OR CREDIT HOURS	MAJOR

LICENSES

LIST ANY PROFESSIONAL LICENSES OR REGISTRATIONS AND PROFESSIONAL MEMBERSHIPS

- **EMPLOYMENT HISTORY** (PLEASE COMPLETE EMPLOYMENT INFORMATION AND/OR ATTACH A RESUME)

CURRENT OR MOST RECENT EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NEXT MOST RECENT EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		

PAST EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		

- **MILITARY SERVICE**

BRANCH		RANK
DATES OF SERVICE	FROM	TO

- **CERTIFICATION**

I affirm that all information provided on this application and any attachment is true and correct. I understand that any misrepresentation, falsification, or material omission of any information during the hiring process may result in my exclusion from further consideration for employment or termination of employment if already hired.

SIGNATURE OF APPLICANT

DATE