



# CASTINE MAINE U.S.A.

## **JOB DESCRIPTION: HARBOR MASTER**

**Date:** 01/04/2012

### **Overview**

The Harbor Master and Dock Master often provide the first impression of Castine to visitors while on duty at the waterfront. It is essential that they present a professional and welcoming image of our Town that will encourage visitors to return.

## **HARBOR MASTER**

### **Nature of Work**

- The Harbor Master is a seasonal, part-time employee. The appointment is for one boating season (May 1 – October 15) and is renewable based on satisfactory performance.
- The Harbor Master is responsible for the activities and operations of the Castine harbor and municipal waterfront facilities.
- The Harbor Master works under the general direction of the Town Manager and is advised by the Harbor Committee.

### **Duties and Responsibilities**

- Provide effective communication and interaction with boaters and other users of the waterfront facilities necessary to enforce all Federal, State and Local laws, ordinances and policies applicable to the operation of the Castine harbor.
- Work with the Town Office Staff to maintain the municipal mooring records and collect fees.
- Process applications for Mooring Site Permits, issue permits and resolve all conflicts between adjacent moorings in the mooring field.
- Maintain an up to date mooring site waiting list, mooring site relocation waiting list and an up to date list of approved mooring inspectors.
- Perform periodic inspections of the mooring field and all harbor facilities.
- Ensure that all dinghies at town dock have paid the current storage/tie-up fee and display a current registration sticker.
- Ensure that all boats moored or docked in the harbor for the season are registered by the State or documented by the U.S. Coast Guard and verify with the Finance Officer that all boats have paid the required excise tax.
- Coordinate the installation and removal of the town floats and *No Wake* buoys.
- Coordinate maintaining and winterizing the Harbor Master boat.
- Be responsible for securing all Town owned waterfront property in the event of approaching severe weather conditions.
- Prepare the Dock Master's work schedule, supervise the Dock Master(s) and be available to respond to their questions or requests for assistance.
- Attend Harbor Committee meetings and prepare a monthly report of harbor activities for the Harbor Committee.
- Other duties and responsibilities as required by the *Waterfront Ordinance* or assigned by the Town Manager.

### **Minimum Qualifications**

- High School Graduate; prefer applicant with AS or higher degree.
- Maine Harbor Master Certification. If the Harbor Master is not certified, certification must be obtained at next available course in March 2012.

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#### **Town of Castine Municipal Offices**

P.O. Box 204 • 67 Court Street • Castine, Maine 04421-0204

Telephone: 207.326.4502 • Facsimile: 207.326.9465 • Internet: [www.castine.me.us](http://www.castine.me.us)



- Proficiency in handling boats and moorings.
- Strong organizational skills with an attention to details and proficiency in the use of personal computers with the ability to maintain computerized records.
- Ability to work independently with sound judgment and excellent interpersonal and public relations skills.
- Ability to interact with a wide variety of agencies and groups involved with the oversight and operation of a harbor facility.
- Available to work variable hours, including weekends during boating season.

**Compensation**

- The Harbor Master 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](mailto: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

### 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		
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PAST 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		

- **MILITARY SERVICE**

BRANCH	RANK
DATES OF SERVICE	FROM To

- **CERTIFICATION**

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFORMATION WILL INVALIDATE THE APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE