

**Town of Millinocket
Job Description**

Job Title: Recreation Maintenance Supervisor
Department: Recreation Department
Reports To: Recreation Director
FLSA Status:
Prepared By:
Prepared Date: 8/98
Approved By:
Approved Date:

SUMMARY

This position is responsible for the overall care of the recreational facilities and maintenance equipment under the jurisdiction of the Millinocket Recreation and Parks Department. Work normally consists of evaluation athletic field conditions to determine the proper field maintenance (i.e. fertilizer, aeration, mowing, irrigation etc.). This position maintains and supervises a seasonal staff to effectively manage the ice rinks and athletic fields. Work also consists of caring for the public playgrounds and swimming pool.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Ability to read, analyze and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondences.
- Effectively supervise a seasonal staff during the summer and winter months so that job tasks are accomplished in a timely manner.
- Ability to communicate effectively to supervises, subordinates and general public.
- Inspects athletic fields and playgrounds for defects in safety. Will pick up and haul garbage from these areas when necessary.
- Inspects and makes all minor repairs on equipment, such as lawn mowers, chain saws, and light trucks.
- Works removing snow, making ice, and the maintenance of the ice rinks and the Complex Building.
- Keeps the filtering and chlorination equipment running properly so that the pool operation meets local and state health and sanitation standards. will make preseason repairs on the pool before it opens for the season.
- Fills out Time sheets, Disciplinary, Accident, and Damage Report forms, and immediately passes the completed forms in to the Recreation Director
- Operates maintenance equipment to care for the athletic fields, playgrounds and recreation buildings. When necessary, painting is required on recreation equipment.
- Performs janitorial duties at the complex building and Recreation Department.
- Ability to independently perform job tasks and decision making.
- Performs other duties pertinent to park maintenance, as assigned by the Recreation Director.

SUPERVISORY RESPONSIBILITIES

QUALIFICATIONS To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

Two years of experience in a variety of maintenance work

Experience in the maintenance of athletic facilities.

CPR and First Aid certified.

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY**CERTIFICATES, LICENSES, REGISTRATIONS**

PHYSICAL DEMANDS The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to walk; use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to climb or balance and stoop, kneel, crouch, or crawl. The employee is occasionally required to sit and taste or smell. The employee must frequently lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

WORK ENVIRONMENT The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Town of Millinocket Employment Applications
(Pre-employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION:

Date _____

Name _____ Social Security No. _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Are you 18 Years or Older? ____ Yes ____ No If no, are you younger than 16? ____ yes ____ no

Do you have a work certificate from school: ____ yes ____ no If yes, date _____

Phone No. _____ In case of Emergency/Notify: _____

Are you legally able to work in the United States ____ Yes ____ No Class of Driver's License: _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Ever worked for this municipality before? _____ When? _____

Reason for Leaving:

Name of last supervisor at this municipality: _____

Who referred you to this municipality? Please list:

EDUCATION:

School Level _____ College/No. of Years Attended _____

Did you Graduate? _____ Subjects Studied _____

Grammar School _____

High School _____

College _____

GENERAL:

Special Training _____

Special Skills _____

FORMER EMPLOYERS: (List last three employers, starting with last one first)

1.) Name and Address of Present or Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

2.) Name and Address of Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

3.) Name and Address of Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

REFERENCES: (Give below the name of three persons, not related to you, whom you have known at least one year)

	Name	Address	Business	Years Acquainted	Phone#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

SERVICE RECORD:

Branch of Service: _____ Discharge Date/Rank: _____

Present membership in National Guard or Reserves: _____ Date Obligation Ends: _____

Are you able to perform each of the following job functions on the attached job description for which you applied? Yes _____ No _____

If not, please explain why and what accommodations may be necessary.

Have you been convicted of a felony or misdemeanor within the last ten (10) years? Yes _____ No _____

If yes, describe: _____

Have you ever violated a DOT drug and alcohol testing regulation? Yes _____ No _____

Have you ever failed or refused a DOT drug or alcohol pre-employment test within the past two years for which an employer didn't hire you? Yes _____ No _____

I understand and agree that I may be required, as a result of the job classification, to take one or more physical examination {s} at such time as designated by the Municipality and to release the Municipality, its directors, officers, agents or employees from any claim arising in connection with the use of such test{s}. If applicable.

Yes _____ No _____

AUTHORIZATION:

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, MISREPRESENTATIONS OR FAILURE TO FULLY COMPLETE THIS APPLICATION SHALL BE CAUSE TO REJECT THE APPLICATION OR MAY BE CAUSE FOR SUBSEQUENT DISMISSAL IF YOU ARE HIRED. IF CONSIDERATED FOR EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN OF MILLINOCKET'S PERSONNEL RULES AND REGULATIONS. I ALSO AUTHORIZE THE TOWN OF MILLINOCKET TO CONTACT PERSONAL REFERNCES AND PREVIOUS EMPLOYERS.

Date _____ Signature _____