

Position Description

Title: **Maintenance Technician and Vessel Operator**

Reports to: Project Superintendent

Compensation: Hourly (starting at \$17/hr.) based on qualifications – Full-time, year round

Function

Operate, repair, and maintain full range of NBPA infrastructure, facilities, property, vehicles, vessels, and equipment. Assist with vessel pump out program, launch service, harbor patrols, boat ramp patrols, marine events, boat/trade show events, snow & ice removal.

Specific Duties

- a. Use skills including, but not limited to carpentry, welding/metalwork and masonry to maintain and repair commercial piers, marina, boat ramps and other NBPA facilities under the direction of the Project Superintendent.
- b. Assist with maintenance, repair, and cleaning of NBPA facilities, buildings, properties vessels, and vehicles.
- c. Regular attendance at NBPA required
- d. Review and respond to emails
- e. Enforce NBPA parking policies on piers and wharves
- f. Participate in operations and projects across the full range of the NBPA mission
- g. Participate in oversight of special events, regattas, etc. as directed
- h. May be required to work weekends & holidays based on project and NBPA needs.
- i. Perform snow & ice removal
- j. Assist boaters and other harbor vessel operators with questions and concerns.
- k. Assist with pump-out vessel program as needed
- l. Assist with mooring program as needed
- m. Assist with marina operations as needed
- n. Conduct harbor and boat ramp patrols as needed
- o. Support maritime security and marine safety operations
- p. Perform additional tasks as assigned by Executive Director, Director of Operations and Engineering, Project Superintendent, and/or Director of Marina and Recreational Boating.

Knowledge & Experience

- a. Experience in construction, welding, carpentry, building maintenance, automotive mechanics, masonry, and/or relevant equivalent - Required.
- b. MA Driver's License - Required
- c. Drug testing – Required
- d. Class 1 and/or 2 Hoisting License – Preferred
- e. Basic knowledge in plumbing and electrical- Preferred
- f. Marine Construction - Preferred
- g. Boating Experience – Proficiency in boat handling – Preferred
- h. Captain License – Preferred

Physical Requirements

- a. Frequent and strenuous physical effort is required
- b. Exposure to outdoor weather conditions, both heat and cold, required
- c. May be required to lift, move and/or push objects that weigh sixty pounds or more as well as climb, stoop, crawl, and kneel for extended periods of time
- d. Physical maintenance of facilities, vessels, and vehicles

Instructions for Applicants

Applicants should send a cover letter, resume and completed Application for Employment (attached) to:

Alex Downing
Project Superintendent
New Bedford Port Authority
52 Fisherman's Wharf
New Bedford, MA 02740
ADowning@newbedford-ma.gov

The cover letter or resume should reflect the applicant's qualifications as set forth in the Position Description. Interviews, reference checks, and job related tests may be required. The position will remain open until filled. A CORI (Criminal Offender Record Investigation) review will be conducted prior to selection. The NBPA is an Equal Opportunity/Affirmative Action Employer.



New Bedford Port Authority

52 Fisherman's Wharf
New Bedford, MA 02740
508-961-3000
508-984-2640 fax

For Office Use Only

Initials _____ Mail Office

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: You must complete this application to be considered for employment. If you need more space, attach a separate sheet. If information does not apply, indicate N/A. **DO NOT LEAVE BLANK SPACES.**

Position applying for: _____ Today's Date: _____

Name: _____
Last First Middle

Address: _____
Number Street City/Town State Zip Code

Years Lived at Current Address: _____ Home Telephone #: _____ Cell #: _____

E-Mail Address: _____ Last 4 Digits Social Security No. xxx-xx-_____

Can you furnish proof you are eligible to work in the U.S.? Yes No

Do you have a valid driver's license? Yes No Driver's License #: _____

Do you have a valid commercial driver's license? Yes No Class A Class B

Have you ever been employed with:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IF YES, WHAT YEAR(S)?:

The City of New Bedford _____

New Bedford Public Schools _____

Greater New Bedford VOKE _____

Greater New Bedford Refuse District _____

SRTA (Administrative Position) _____

Reason for leaving: _____

EDUCATION: Please list high school, college, post grad and additional relevant training or studies.

School Name	Location	# of Years Attended	Degree Received	Major

MILITARY HISTORY:

Are you a veteran of the U.S. Armed Forces? Yes No

Branch: _____ Dates of Service: From _____ To _____

Rank at discharge: _____ Discharge status: _____

Present Military status: _____

EMPLOYMENT HISTORY: List names of employers with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm name and supply business references.

NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:
NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	EMPLOYMENT DATES: FROM: _____ TO: _____
CITY, STATE, ZIP CODE:	REASON FOR LEAVING:
TELEPHONE #:	IMMEDIATE SUPERVISOR:

Can we contact your present and former employers? Yes No

If no, please give reason why: _____

Have you worked under any other name? Yes No

If yes, give names: _____

REFERENCES: Provide the names of two responsible persons whom you have known well for a long period of time. Do not submit names of relatives.

Name: _____					Years Known: _____						
Address: _____		_____			_____			_____		_____	
Number		Street		City/Town			State		Zip Code		
Home Telephone #: _____					Cell #: _____						
Occupation: _____											
Email Address: _____											

Name: _____					Years Known: _____						
Address: _____		_____			_____			_____		_____	
Number		Street		City/Town			State		Zip Code		
Home Telephone #: _____					Cell #: _____						
Occupation: _____											
Email Address: _____											

AGREEMENT

The New Bedford Port Authority does not discriminate in hiring or employment on the basis of age, sex, color, race, creed, national origin, ancestry, veteran status, sexual orientation, religion, marital status, political belief or due to a disability that does not prohibit performance of essential job functions. No question on this application is intended to secure information to be used for such discrimination.

The information provided in this application for employment is true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available on occasion for work outside my normal work hours as the needs of the department require. Conditional offers of employment are subject to passing a mandatory CORI (Criminal Offender Record Information) background check. Further, I may be required to take a physical examination, given by an appointed physician, which may include testing for drugs and alcohol, as required, and recognize that any offer of employment may be contingent upon the results of the examination. I understand that any employment offer by the City is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I understand this application will be kept on file for two years from date received or twenty years after end of employment.

DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT

Date: _____ Signature: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

The New Bedford Port Authority is an Equal Opportunity/Affirmative Action Employer

**NEW BEDFORD PORT AUTHORITY
VOLUNTARY SELF - IDENTIFICATION FORM**

The New Bedford Port Authority has an Affirmative Action Program to ensure equal employment opportunity. Applicants are considered for all positions without regard to race, color, national origin, sex or age, marital status, veteran status, or the presence of a non-job related medical condition or handicap. We are asking you to help us measure the effectiveness of this program by answering the questions below.

The information collected will be used for statistical purposes only. **THIS FORM WILL NOT REMAIN WITH YOUR APPLICATION, NOR WILL IT IN ANY WAY BAR YOU FROM EMPLOYMENT CONSIDERATION.** If you have any questions, comments, suggestions or complaints about the employment process, please contact the In-House Counsel at (508) 961-3000.

Position Applied For: _____ **Date:** _____

Sex: Male Female

Ethnic Origin (Please check the race you most *strongly* identify with):

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

- 1. White** - (Not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian peninsula; excluding countries within the Indian Subcontinent).
- 2. Black** - (Not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
- 3. Hispanic** - Persons having origins in the original people of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 4. Asian or Pacific Islanders** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- 5. American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 6. Cape Verdean** - Persons having origins in the Cape Verde Islands.
- 7. Two or More Races** – All persons who identify with more than one of the above five races. NOTE: If you check the “Two or more races box, please check **ALL** boxes that identify your race/ethnicity.

How did you learn about the job for which you are applying? (Please limit your selection to ONE)

- | | |
|--|--|
| <input type="checkbox"/> 1. Walk-In | <input type="checkbox"/> 5. Social Media/Online Website (name) _____ |
| <input type="checkbox"/> 2. City/Port Authority Employee | <input type="checkbox"/> 6. Community Agency (name) |
| <input type="checkbox"/> 3. City/Port Authority Website | <input type="checkbox"/> 7. College/University (name) |
| <input type="checkbox"/> 4. Employment Agency | <input type="checkbox"/> 8. Other (Please indicate) _____ |

VOLUNTARY SELF – IDENTIFICATION OF DISABILITY

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have or ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Examples of disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

VOLUNTARY SELF – IDENTIFICATION OF VETERAN STATUS

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

- Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).
- Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at: <http://www.opm.gov/veterans/html/vgmedal2.htm> or by calling (301) 306 6752 and requesting that a copy of the list be mailed to you.
- Active Duty Wartime Campaign Badge Veteran** – An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- I am** a protected veteran, but choose not to self-identify the classification to which I belong. **I am not** a protected veteran.