

## **EMPLOYMENT POSITION**

The Town of Interlachen is accepting applications for a full-time **Maintenance Supervisor**. Applicants must live within 30 miles of the Town limits.

Applicants must have a valid Florida Driver's License and a high school diploma or GED, or an equivalent combination of education, training, and experience that demonstrates the required knowledge, skills, and abilities, including:

Advanced knowledge of tools and equipment used for building and grounds maintenance.

Ability to drive and operate equipment.

Strong organizational, time management, and administrative skills.

Strong interpersonal, verbal, and written communication skills.

Ability to work professionally with coworkers and the public.

Applicants must pass an extensive background check. The Town will consider only U.S. citizens and individuals legally authorized to work in the United States. Applicants who need a disability accommodation to participate in the selection process should notify the Town before the interview. The Town has zero tolerance for workplace violence and reserves the right to reject any or all applications.

Applications are available at [www.interlachen-fl.gov](http://www.interlachen-fl.gov) or at Town Hall, 215 Atlantic Avenue, Interlachen, Florida, Monday through Friday, 8:30 am to 4:30 pm. The application deadline is Tuesday, June 30, 2026.

The Town of Interlachen is an Equal Employment Opportunity/Affirmative Action employer and a drug-free workplace. All applicants are subject to testing.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**



## TOWN OF INTERLACHEN EMPLOYMENT JOB DESCRIPTION

<b>DEPARTMENT:</b> Public Works
<b>LOCATION:</b> Maintenance Yard located at 300 West Tremont Street
<b>JOB TITLE:</b> Maintenance Supervisor
<b>REPORTS TO:</b> Town Council

<b>TYPE OF POSITION:</b>	<b>Hours:</b> <u>40</u> /week
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time (less than 30 hrs) <input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt

**GENERAL DESCRIPTION**

The Maintenance Supervisor position is administrative as well as substantive (i.e., a working supervisor who shall work as many hours as needed to fulfill his/her obligation in this position). Custodian of all Town machinery, equipment, tools, supplies, buildings, streets, parks, property, etc., and is responsible for the proper maintenance, security, general appearance, etc. thereof. Perform or cause to be performed any plumbing, electrical, mechanical, carpentry and janitorial functions necessary on all Town owned buildings and any other skilled manual labor related to construction projects. Responsible for the maintenance of the Town cemetery grounds and roads. Insure proper inspection and marking of cemetery lots sold by the Town Office and compliance with all State laws and regulations pertaining thereto. Responsible for the Town Water Systems and compliance with all State laws and regulations pertaining thereto. Perform or cause to be performed installation and repairs of water meters, lines, pumping equipment, etc. and that meters are read monthly. Perform scheduled maintenance, testing and upkeep of all emergency and backup systems for all water plants. Inform the Town Office when a need arises for materials, equipment and/or repairs. Supervise all maintenance employees and work with human resources regarding advertising and onboarding and offboarding. Responsible for all inventoried property purchased by and for the Department and shall ensure accurate paper trails are maintained. Attend all Town Council meetings and any other meeting related to the business of the Town as the Council Chairperson directs. Coordinate with the town clerk on budget and capital improvements. Follow all procedures as outlined in the town's purchasing policy. Maintain a good working relationship with town contractors and vendors. Serves as field manager for grants and attends job site meetings for town related construction projects. Review and approve driveway and right-of-way permits and provide input on development reviews. Works on call duty and performs other duties as required. Serves on the Town's Emergency Management Team and must complete all required State training in regards to Emergency Management and FEMA.

**NOTE: These duties are intended only as illustrations of the various types of tasks in this class, can be changed at any time and do not constitute an employment contract. The omission of specific statements of duties does not exclude the related or logical assignment to this position. All Town employees will be subject to random drug testing.**

**KNOWLEDGE, SKILL AND ABILITIES**

- Advanced knowledge of tools and equipment used in buildings and grounds maintenance.
- Good organization, time management & administrative skills, interpersonal, oral and written communication skills.
- Ability to drive and operate equipment.
- Ability to work with the public in a professional manner.

**EDUCATION REQUIREMENTS**

- High School Diploma or GED.
- A combination of experience, training and education which provides the required knowledge, skills and abilities.
- Must be able to pass a drug test, physical and a criminal history background check.
- Must hold & maintain valid driver's license.  
During employment

**PHYSICAL DEMANDS/WORK ENVIRONMENT**

The physical demands/work environment described herein are a representation to successfully perform the essential duties of this job:

Stand, walk, climb, stoop, kneel, crawl, reach and bend. Lift, carry, pull, and push 50+ pounds. Good finger/hand dexterity and hand/eye coordination. Good eyesight, hearing and speech for safety. Will work in and be exposed to outdoor weather conditions, including extreme heat/cold, wet, and humid conditions. Noise level in the work environment usually ranges from moderate to loud. May be exposed to fumes or airborne particles, toxic or caustic chemicals. Must be on call at all times and work flexible hours.

<b>REVIEWED BY:</b>	<b>APPROVED BY:</b>
<b>DATE POSTED:</b>	<b>DATE HIRED:</b>
<i>This job description may be edited by the Town Council</i>	<i>Updated 5/26/2026</i>



# TOWN OF INTERLACHEN

## APPLICATION FOR EMPLOYMENT

215 ATLANTIC AVENUE  
INTERLACHEN, FLORIDA 32148

[www.interlachen-fl.gov](http://www.interlachen-fl.gov)

(386) 684-3811

**TOWN OF INTERLACHEN  
APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, FAMILIAL STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

**NOTE: \*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\*** *(Complete applications will be held for one (1) year from the date received by the Town).*

(PLEASE PRINT)

POSITION(S) APPLIED FOR \_\_\_\_\_  
REFERRED BY \_\_\_\_\_  
HOW DID YOU LEARN ABOUT US? ADVERTISEMENT \_\_\_\_\_ RELATIVE \_\_\_\_\_ WALK IN \_\_\_\_\_  
EMPLOYMENT AGENCY \_\_\_\_\_ FRIEND \_\_\_\_\_ OTHER \_\_\_\_\_

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

911 ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_ (if different)  
(PO Box/Street) (City) (State) (Zip Code)

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best time and phone number to contact you \_\_\_\_\_

OWN HOME \_\_\_\_\_ RENT \_\_\_\_\_ RESIDED AT CURRENT ADDRESS FOR \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

IF RELATED TO ANYONE IN OUR EMPLOYMENT, STATE NAME & DEPARTMENT \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give dates: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_.

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_.

Date you will be available to start work? \_\_\_\_\_

What is your desired salary range \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift work \_\_\_\_\_ Temporary \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_. Our normal working days/hours are Monday through Friday 8:00 am- 5:00 pm with a one (1) hour lunch break, can you work these times? Yes \_\_\_\_\_ No \_\_\_\_\_.

If necessary, can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_.

Can you travel if the position requires it? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, reason: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_. (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain \_\_\_\_\_

Have you had any traffic violations in the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Current Valid Driver's License Number \_\_\_\_\_ State in which this  
Drivers License was issued \_\_\_\_\_ Previous state in which you held a valid  
Drivers License \_\_\_\_\_

Has your Drivers License ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain \_\_\_\_\_

## EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other(Specify)</b>				

Indicate any **foreign** languages you can speak, read and/or write:

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

### 1) EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WORK PERFORMED \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURLY RATE/SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

### 2) EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WORK PERFORMED \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURLY RATE/SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

### 3) EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WORK PERFORMED \_\_\_\_\_

REASON(S) FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURLY RATE/SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

**ADDITIONAL INFORMATION**

**COMMENTS:** Include explanation of any gaps in employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER QUALIFICATIONS:** Summarize special job-related skills and qualifications acquired from employment, specialized training, apprenticeship or other experience. \_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business, civic or extra-curricular activity offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIALIZED SKILLS**

**PLEASE CHECK SKILLS/EQUIPMENT THAT YOU HAVE OPERATED**

Adding Machine \_\_\_\_\_ Calculator \_\_\_\_\_ Copier \_\_\_\_\_ Fax \_\_\_\_\_ Multi-line Phone \_\_\_\_\_ Scanner \_\_\_\_\_  
**Computer Software:** Excel \_\_\_\_\_ Internet Explorer \_\_\_\_\_ Microsoft Office Word \_\_\_\_\_ Peachtree \_\_\_\_\_  
Utility Billing Program \_\_\_\_\_ Web Site Design \_\_\_\_\_ WordPerfect \_\_\_\_\_

**(PUBLIC WORKS APPLICANTS ONLY)**

Check the types of equipment/vehicles you are qualified to operate: Backhoe \_\_\_ Car \_\_\_ Chainsaw \_\_\_ Grasshopper \_\_\_  
Road Grader \_\_\_ Tractor \_\_\_ Truck (light) \_\_\_ Truck (heavy) \_\_\_ Weed Eater \_\_\_ Other \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO APPLICANTS: DO NOT** answer this question unless you have read about or been informed of the requirements of the position for which you are applying. A description of the duties involved in this position is attached.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position for which you have applied?

Yes  No

## MILITARY HISTORY

1) Have you ever served on active duty in the Armed Forces/Reserves of the United States? Yes \_\_\_\_ No \_\_\_\_

**IF YOU ANSWERED "NO" TO THE QUESTION ABOVE PROCEED TO PAGE FIVE (5)**

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Serial Number \_\_\_\_\_  
Duty Dates: From \_\_\_\_\_ to \_\_\_\_\_  
                  From \_\_\_\_\_ to \_\_\_\_\_  
                  From \_\_\_\_\_ to \_\_\_\_\_

2) Date(s) and type(s) of discharge(s): \_\_\_\_\_

3) Are you now or have you ever been a member of a reserve unit or National Guard? Yes \_\_\_\_ No \_\_\_\_ . If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings or camps

4) Was any type of disciplinary action taken against you in the armed service? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide:  
Date(s) \_\_\_\_\_ Place(s) \_\_\_\_\_  
Nature of offense(s) \_\_\_\_\_  
Action(s) taken \_\_\_\_\_

5) Have you ever served in the Armed Forces of a foreign country? Yes \_\_\_\_ No \_\_\_\_ . If yes, please specify countries and dates : \_\_\_\_\_

6) Are you designated as disabled due to any military service? Yes \_\_\_\_ No \_\_\_\_

7) Describe any job-related training received in the United States military that qualifies you for the position applied for:  
\_\_\_\_\_  
\_\_\_\_\_

8) **VETERANS' PREFERENCE:** Check the appropriate number if you are claiming "veteran's preference". **Documentation substantiating your claim MUST be furnished at the time of application submission.**

\_\_\_\_\_ 1) A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Veteran's Administration and the Department of Defense, or

\_\_\_\_\_ 2) The spouse of a veteran who cannot qualify for employment due to a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or

\_\_\_\_\_ 3) A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995, and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

\_\_\_\_\_ 4) The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes \_\_\_\_ No \_\_\_\_ . If yes, please give name of employer \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above and second to those persons included in 3 and 4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida, 33731.

**PERSONAL REFERENCES (OTHER THAN RELATIVES)**

1) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

2) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

3) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**PROFESSIONAL REFERENCES (OTHER THAN RELATIVES)**

1) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

2) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

3) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**All references may be checked. YES  NO**

**All but the following: \_\_\_\_\_**

**PERSON TO BE CONTACTED IN AN EMERGENCY**

NAME \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\*\*\*\*\*

**APPLICANT OATH**

*The questions on this application have been answered to the best of my ability. I realize that if employed by the Town of Interlachen any false information herein may be grounds for my dismissal. I authorize inquiries to my character, reputation and ability and release those supplying any information from all liability. If accepted for employment, I will comply with all rules and safety regulations of the Town of Interlachen and the department where assigned. I understand that regular employment may require the taking of finger prints or providing such other identification or certification as required by law.*

Please sign your name here: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**\*FLORIDA & FEDERAL DISCRIMINATION LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, SEX, HANDICAP OR RACE.**

**This application for employment shall be considered active for a period of time not to exceed twelve (12) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS**

- 1) VALID DRIVERS LICENSE**
- 2) RECENT PHOTOGRAPH**

**NOTE: Applications without a valid driver's license and a photograph WILL NOT be considered.**

**PERSONAL INQUIRY WAIVER**  
**(Must be notarized)**

Authority for Release of Information

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I respectfully request and authorize you to provide the **Town of Interlachen** with any information you may have regarding my employment history, education, military service, reputation, and financial or credit status. If requested, please include any reports or other information, including confidential or privileged material and any photographs. This information will be used to help determine my qualifications and suitability for the position I am seeking with the **Town of Interlachen**.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
(Applicant's Signature) (Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**AFFIDAVIT**

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (affiant name). He/she is personally known to me  
or has presented \_\_\_\_\_ (type of identification) as identification.

Signature \_\_\_\_\_ (notary signature) (SEAL)

Name \_\_\_\_\_

Title \_\_\_\_\_ NOTARY PUBLIC

Commission Number \_\_\_\_\_ Expires \_\_\_\_\_