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OREGON BOARD OF MARITIME PILOTS

Application for Pilot Apprentice Training Program Columbia & Willamette River Pilotage Ground

Send completed application to: Oregon Board of Maritime Pilots, 800 N.E. Oregon St. #507, Portland OR 97232

PERSONAL INFORMATION

(You may include a resume and/or any other information you believe will be helpful to us in considering your application. In completing the application, you may attach additional sheets if necessary)

Name (Print)		_ Tele	Telephone			
Present Address		_ Ema	Email			
		_				
Nearest relative not living with you:	Name					
	Telephone					
	Relationship					
Do you have the legal right to work in the	ne United States?		Yes 🛛	No		
If not, why?						
If so, state citation, date, court and plac		DUCATION				
a	Please include copies	of anv degrees (or federal licenses.)		
High School	ol Course	Majors	Last Year (Completed	Degree	
-	<u>9 10 11 12</u> 1 2 3 4					
USCG License:						
Have you ever served in the U.S. Arme	Yes	🛛 No Ify	es, branch			
		Date Entere	d	Date Disch	arged	
	RF	FERENCES				

Please provide two letters of reference.

EXPERIENCE

(Please provide certificates of discharge, letters, or other satisfactory documentary evidence of trips.)

Numb	er of days operating v	vessels:				
	Columbia and/or Willa	amette Rivers				
Other Inland Waterways Offshore						
Vesse	I Size:					
	Name	LOA	Gross Tons	Route	Days/Trips	
Other	Employment:	(Start with m	ost recent or present employer.)			
Name of Company			Type of Work	Length of Employment		

Please provide any addition information such as special skills, certifications, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me on this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for disqualification as an applicant. I authorize the use of any information in this application to verify my statements, and I authorize past employers, references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. Current employers will not be contacted without prior authorization from applicant. I release and hold harmless all such persons from any liability or damages on account of having furnished such information. Further, I authorize the release of the information provided on this application to the pilot as sociation(s) authorized to train apprentices in this training program.

I understand that information which comes into the possession of the Oregon Board of Maritime Pilots may be subject to disclosure under Oregon's public records law (ORS Chapter 192). I hereby request that personal information contained in this application be kept confidential, and exempted from public records disclosure in accordance with ORS 192.502(2).

I understand that nothing contained in this application or in the granting of an interview constitutes a promise or guarantee of acceptance into the training program.

I understand that this application will be kept on active file for five (5) years from the date completed, after which time I will have to resubmit an updated application.

Signature_____

Date_____

AFFIRMATIVE ACTION - NONDISCRIMINATION

It is the policy of the State of Oregon to grant equal opportunity to all qualified persons without regard to race, creed, color, sex, age, national origin, religion, physical or mental handicap, veterans status or membership in any other protected class. Your answers are strictly voluntary and will help in carrying out a statewide affirmative action program. Your answers will not be used in considering the merits of your application for this apprenticeship program.

❑African-American❑Asian❑Caucasian

❑Hispanic❑Native American❑Other

■Male
■Female