



## 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. #15, Portland OR 97223.

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#### 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) \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_

Nearest relative not living with you: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

If not, why? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation?  Yes  No

If so, state citation, date, court and place where offense occurred. \_\_\_\_\_  
\_\_\_\_\_

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#### EDUCATION

*(Please include copies of any degrees or federal licenses.)*

School	Course Majors	Last Year Completed	Degree
High School		9 10 11 12	
College		1 2 3 4	

USCG License: \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No If yes, branch \_\_\_\_\_  
Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

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#### REFERENCES

*Please provide two letters of reference.*

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## EXPERIENCE

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

**Number of days operating vessels:**

Columbia and/or Willamette Rivers \_\_\_\_\_  
Other Inland Waterways \_\_\_\_\_  
Offshore \_\_\_\_\_

**Vessel Size:**

Name	LOA	Gross Tons	Route	Days/Trips

**Other Employment:** *(Start with most 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. \_\_\_\_\_

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## 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 association(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.*

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native American | <input type="checkbox"/> Female |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other           |                                 |