

OREGON BOARD OF MARITIME PILOTS

Application for Columbia River Bar Pilot Trainee Selection

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

PERSONAL INFORMATION							
Name (Print)	Tele	Telephone					
Present Address		Email					
		EXPERIENCE					
How many months can you master of vessels of 5,000					ce as		
Has at least 6 months of th					🛛 No		
Other non-seagoing emp may attach a resume.)	loyment in the past	ten years: (Start with	n most recent employe	er, or in the alternation	/e, you		
Company	Position	Type of Work	Length of	Employment			
Previous Piloting Experience							
USCG License:							
License Number (please pr				nber:			
Pilotage endorsements:							
Has your license ever beer	n suspended or revoke	ed? 🛛 Yes	🗆 No				
Please explain							
Have you ever served in th	e U.S. Armed Forces'		□ No If yes, bra 1D				
				5			

REFERENCES

Please have three references submit a Character and Fitness Form (attached)

You are encouraged to provide on a separate sheet any additional 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 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 192.355(2).

I understand that nothing contained in this application or in the granting of an examination constitutes a promise or guarantee of acceptance as a bar pilot trainee.

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

Signature_____

Date_____

AFFIRMATIVE ACTION - NONDISCRIMINATION

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.

□African-American□Asian□Caucasian

❑Hispanic❑Native American❑Other

■Male
■Female

CHARACTER & FITNESS VERIFICATION FOR PILOT TRAINEE LICENSURE

Applicant Name:_____ Date:_____

Reference Name, Contact Info, and Business/Employer:

- 1. Describe your business or place of employment and the nature of the professional relationship you had with the applicant.
- 2. During what time period did you work with the applicant: Start MM/YYYY:______ End MM/YYYY:_____

3. Please rate the applicant on the following:

	Excellent	Very Good	Satisfactory	Unsatisfactory
Technical				
Competence				
Professional				
Integrity				
Professional				
Judgment				
Ability to Work				
w/Colleagues				
Ability to Work				
w/Subordinates				
Ability to Work				
w/Clients				

Comments:			

- 4. Do you have any reservations concerning this applicant or this applicant's ability to serve as a state-licensed maritime pilot?
- 5. Would you employ the applicant in a leadership position?

- 6. Would you employ the applicant in a position of trust?
- 7. Describe the applicant's greatest strengths.
- 8. Describe the area(s) where the applicant has the most room for growth.
- 9. Was the applicant ever disciplined professionally, including performance or personnel warnings? Was the applicant ever placed on probation?
- 10. Is there anything else the Board should know when evaluating the applicant for state pilot trainee licensure?