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 Portland, OR 97214-4513
 (503) 224-3900
 (503) 943-9123 Job Line
 (503) 231-9089 Fax
 website: www.portlandspirit.com
 email: jobs@portlandspirit.com



American Waterways, Inc. is an equal opportunity employer. Our company does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record, or any other classification protected under state or federal law.

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For: _____

PERSONAL DATA

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Email Address _____

Telephone Numbers Day _____ Evening _____ Cell _____

Date Available for Work _____ Full-Time Part-Time Summer/Seasonal

What shifts are you available to work? Days Evenings Nights Weekends

Are you available to work overtime? Yes No

Do you have current? OLCC Permit Multnomah County Food Handlers Permit First-Aid Card CPR Card

Have you worked in the Maritime Industry Before? Yes No Portland Spirit? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please indicate the nature of the crime and the outcome. (Please note that a conviction alone will not bar your from employment.) _____

EDUCATION

	Name of School	City, State	Major/Degree	Years Completed	Did you graduate?
High School					
College					
Other					

Additional Training/Classes/Certifications _____

WORK EXPERIENCE

Dates Employed From _____ To _____

Address _____ Telephone (____) _____

Supervisor's Name _____ Full-time Part-Time

Position Held _____ Ending Wage \$ _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No

Company Name _____ Dates Employed From _____ To _____

Address _____ Telephone (____) _____

Supervisor's Name _____ Full-time Part-Time

Position Held _____ Ending Wage \$ _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No

Company Name _____ Dates Employed From _____ To _____

Address _____ Telephone (____) _____

Supervisor's Name _____ Full-time Part-Time

Position Held _____ Ending Wage \$ _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No**ADDITIONAL WORK EXPERIENCE**

FROM	TO	EMPLOYER NAME	CITY/STATE	TYPE OF WORK

As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Form I-9.

I certify that the answers given herein are true and complete to the best of my knowledge. I agree that the company shall not be liable in any respect if employment is denied me or if my employment is terminated because of false, incomplete or misleading information in my application or interview(s). I also authorize the employers, schools, or persons named above to release to the company all information regarding my employment character and qualifications. I hereby release said employers, schools, or persons from all liability for any damage for issuing this information. I understand that nothing contained in this employment application or in the granting of an interview creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that unless specifically limited in a formally executed contract, I have the right to terminate my employment at any time or for any reason and that the company has the same right.

Signature _____ Date _____