American Waterways, Inc. Portland Spirit



Portland Spirit provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

APPLICATION FOR EMPLOYMENT

I'm interested in the foll *Service	owing position(s): (Notice: Ag Galley		may apply, please sorations	ee job description for details. Office	
Service Service Berver Busser Bartender	☐ Sous chef ☐ Lead Cook ☐ Prep Cook ☐ Dishwasher	☐ Cap ☐ Engi		☐ Sales☐ Customer Service	
Today's Date:					
Legal Name:	(Middle)		Last		
Preferred Name:			Preferred Pronouns:		
City:		State:			
Mailing Address (if differe	ent):				
City:		State:	_ Zip Code: _		
Home Phone:	Cell Pho	one:	E-m	ail:	
Preferred Contact Metho	d: ☐ Email ☐ Text				
If selected for employme *Required for Service and Ope	nt are you willing to submit to erations positions)	o a pre-employn	nent drug screening t	est? ☐ Yes ☐ No	
	able to work? □ Days ıesday □Wednesday				
Are you available to work	covertime? ☐ Yes	□ No			
	J OLCC Permit				
Have you worked in the I	Maritime Industry before? ☐	Yes □ No	The Portland	d Spirit □ Yes □ No	
•	urrent or past Portland Spirit		-	?	
	Portland Spirit	(503)	224-3900		

Portland Spirit Attn: Human Resources 110 SE Caruthers St. Portland, OR 97214

E-mail: hr@portlandspirit.com portlandspirit.com/careers facebook.com/portlandspirit

EDUC	ATION					
	Name of School	Location	Years Completed	Major or Degree	Did you Graduate?	
High School						
College						
Other						
Additional Training / Certifications / Licenses / Any Second Languages?						
WORK EXPERIENCE						
Employer	oyer: to to					
Address:		City:	State: _	Zip:		
Superviso	or's Name:		Phone:			
Position:	☐ Full-time ☐ Part-Tir	me Duties Performed:				
Reason fo	or Leaving:		May we contact	them? 🗆 Yes	☐ No	
Employer: Dates Employed: From to						
Address:		City:	State: _	Zip:		
Superviso	or's Name:		Phone:			
Position:	☐ Full-time ☐ Part-Tir	me Duties Performed:				
Reason fo	or Leaving:		May we contact	them? Tyes	□ No	
	If necessary, p	lease attach any additional e	mployers for the p	ast 4 years.		
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 or if my employment is terminated because of false, incomplete, or misleading information in my application or interviews. 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 or 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.						

Date: _____

Signature:



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APPLICANT'S CERTIFICATION AND AGREEMENT TO REFERENCE CHECK

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize AWI to verify their accuracy and to obtain reference information on my work performance. I hereby release AWI from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Applicant's Full Legal Name (Please Print): _____

I understand that should an employment offer be extended to me and accept that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Professional References	Personal References		
Name:	Name:		
Relationship:	Relationship:		
Phone:	Phone:		
Name:	Name:		
Relationship:	Relationship:		
Phone:	Phone:		
Signature:	Date:		