



Applicant Information

This document will be used as a permanent record if you are employed by NATEX

Last Name:		First Name:		Middle Name:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	I do not wish to disclose <input type="checkbox"/>	Date of Birth (dd/mm/yyyy) (Dependents only)	

Contact Information

Street Address		House Number:		City:	
Country		Postal Code			
Post Office Box (If applicable)					
Phone Number: Including Country Code		Cell Number:		E-mail Address: (Required)	

Sponsorship Information

Available Start Date: (dd/mm/yyyy)		NATO ID Number: Expiry Date: Shopping Card Expiry Date:		Tour Expiry Date: (mm/yyyy)	
Your Citizenship:		Do you hold Dual Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which countries?			
Name of Sponsoring Component Member:			Nationality of Component Member:		
Unit of Work for Component Member:			Sponsoring Nation:		
Have you registered in the Germany City Council? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have a Tax Number provided by the German City Council? Yes <input type="checkbox"/> No <input type="checkbox"/>		

General Information

General Application for which outlet(s):	Grocery Duty Free <input type="checkbox"/> Warehouse <input type="checkbox"/> AMSTO <input type="checkbox"/> NPF Accounts <input type="checkbox"/> NPF Human Resources <input type="checkbox"/> General Administrative Positions <input type="checkbox"/>			
Are you related to anyone who works at NATEX?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which outlet(s)?		
Have you ever worked for NATEX? (NPF-CANEX/PSP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when/ where?		
Which days are you available to work? Weekdays and Week-ends <input type="checkbox"/> Week-ends Only <input type="checkbox"/> Weekdays Only <input type="checkbox"/> <i>Unless otherwise indicated on the job poster, all outlet positions require flexibility of working weekdays and weekends</i>				
Preference of Employment	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> No Preference <input type="checkbox"/>		Are you a Full Time Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Educational Background

Official transcripts of your final marks and/or diploma may be required

	High School:	College:	University:
Years Completed :	8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Course of Study			

Please Indicate your level of proficiency in the following languages:

- 1- Elementary (very basic phrases) 2- Fair (limited working) 3- Good (minimum professional)
2- 4- Very Good (full professional) 5- Excellent (native/ bilingual)

	Listening	Speaking	Reading	Writing
English				



German				
Other :				

References <i>Please list two professional references that we may contact</i>

<i>Contact Person's Full Name</i>				
<i>Company Name:</i>			<i>Phone:</i>	
<i>Complete Address:</i>				

<i>Contact Person's Full Name</i>				
<i>Company Name:</i>			<i>Phone:</i>	
<i>Complete Address:</i>				

Prior Work History

Company:		Phone:	
Address:	Supervisor's Name:		
<i>Job Title:</i>			
<i>Responsibilities:</i>			

<i>Date from:</i>		<i>Reason for leaving:</i>	
<i>To:</i>			
<i>May we contact your previous supervisor for a reference?</i>		<i>If no, please indicate why:</i>	
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			

Company:		Phone:	
Address:	Supervisor's Name:		
<i>Job Title:</i>			
<i>Responsibilities:</i>			

<i>Date from:</i>		<i>Reason for leaving:</i>	
<i>To:</i>			
<i>May we contact your previous supervisor for a reference?</i>		<i>If no, please indicate why:</i>	
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			

Company:		Phone:	
Address:	Supervisor's Name:		
<i>Job Title:</i>			
<i>Responsibilities:</i>			

<i>Date from:</i>		<i>Reason for leaving:</i>	
<i>To:</i>			
<i>May we contact your previous supervisor for a reference?</i>		<i>If no, please indicate why:</i>	
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			



Note: A proficiency test may be required for certain positions.

An offer of employment is subject to verification of the information included on this application and/or attached resume.

I declare that the foregoing information is true and complete, and I understand that a false statement may disqualify me from employment or be cause for immediate dismissal. If accepted, my employment will be subject to the granting of suitable reliability status or security clearance as applicable.

I consent to NATEX conducting reference and/or confirmation of any of the information contained herein:

<i>Signature:</i>	
<i>Date:</i>	

Completed applications must be submitted in person to the NATEX/AMSTO Personnel Office, Building 74. Please ensure you bring your NATO ID & Shopping Card/ Ration Card (where applicable) for verification. You may also be requested to provide a copy of your passport.

Incomplete/ missing documentation will delay your application from being processed.