



Applicant Information

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

Last Name:	Click or tap here to enter text.	First Name:	Click or tap here to enter text.	Middle Name:	Click or tap here to enter text.
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) Click or tap here to enter text.	

Contact Information

Street Address	Click or tap here to enter text.	House Number:	Click or tap here to enter text.	City:	Click or tap here to enter text.
Country	Click or tap here to enter text.		Postal Code	Click or tap here to enter text.	
Post Office Box (If applicable)	Click or tap here to enter text.				
Phone Number: Including Country Code	Click or tap here to enter text.	Cell Number:	Click or tap here to enter text.	E-mail Address: (Required)	Click or tap here to enter text.

Sponsorship Information

Available Start Date: (dd/mm/yyyy)	Click or tap here to enter text.	NATO ID Number: Click or tap here to enter text.	Tour Expiry Date: (mm/yyyy) Click or tap here to enter text.
		Expiry Date: Click or tap here to enter text.	
		Shopping Card Expiry Date: Click or tap here to enter text.	
Your Citizenship:	Click or tap here to enter text.	Do you hold Dual Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, which countries? Click or tap here to enter text.	
Name of Sponsoring Component Member: Click or tap here to enter text.		Nationality of Component Member: Click or tap here to enter text.	
Unit of Work for Component Member: Click or tap here to enter text.		Sponsoring Nation: Click or tap here to enter text.	
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):	Convenience Plus <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)? Click or tap here to enter text.	
Have you ever worked for NATEX? (NPF-CANEX/PSP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when/ where? Click or tap here to enter text.	
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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



German	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other :	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

References

Please list two professional references that we may contact

Contact Person's Full Name	Click or tap here to enter text.			
Company Name:	Click or tap here to enter text.		Phone:	Click or tap here to enter text.
Complete Address:	Click or tap here to enter text.			

Contact Person's Full Name	Click or tap here to enter text.			
Company Name:	Click or tap here to enter text.		Phone:	Click or tap here to enter text.
Complete Address:	Click or tap here to enter text.			

Prior Work History

Company:	Click or tap here to enter text.		Phone: Click or tap here to enter text.	
Address:	Click or tap here to enter text.		Supervisor's Name: Click or tap here to enter text.	
Job Title:	Click or tap here to enter text.			
Responsibilities:	Click or tap here to enter text.			
Date from: Click or tap here to enter text.		Reason for leaving: Click or tap here to enter text.		
To: Click or tap here to enter text.				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please indicate why: Click or tap here to enter text.		

Company:	Click or tap here to enter text.		Phone: Click or tap here to enter text.	
Address:	Click or tap here to enter text.		Supervisor's Name: Click or tap here to enter text.	
Job Title:	Click or tap here to enter text.			
Responsibilities:	Click or tap here to enter text.			
Date from: Click or tap here to enter text.		Reason for leaving: Click or tap here to enter text.		
To: Click or tap here to enter text.				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please indicate why: Click or tap here to enter text.		

Company:	Click or tap here to enter text.		Phone: Click or tap here to enter text.	
Address:	Click or tap here to enter text.		Supervisor's Name: Click or tap here to enter text.	
Job Title:	Click or tap here to enter text.			
Responsibilities:	Click or tap here to enter text.			
Date from: Click or tap here to enter text.		Reason for leaving: Click or tap here to enter text.		
To: Click or tap here to enter text.				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please indicate why: Click or tap here to enter text.		



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.