

NORTH AMERICAN TASKS FORCES

PLEASE PRINT ALL
INFORMATION IN
ENGLISH ONLY. ANY
APPLICATION THAT IS
SUBMITTED IN ANY
LANGUAGE OTHER
THAN ENGLISH WILL BE
PROMPTLY DISCARDED.

CHIEF DIRECTOR
Michael Parrish



OFFICE USE ONLY

APPLICATION FOR EMPLOYMENT

SEC 1

PLEASE COMPLETE PAGES 1-5 AS APPLICABLE

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone () _____ Social Security No. _____ - _____ - _____

[IF YOU ARE APPLYING FOR AN ONLINE CONSULTANT POSITION, GO TO SECTION 2](#)

Position applying for _____

Employment desired ☐ DIRECTOR ☐ AGENT/OFFICER ☐ INDEPENDENT CONTRACTOR

When available for work? _____

SEC 2

ADD ADDITIONAL SHEETS IF NECESSARY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

CONVICTIONS OF ANY CRIMES WILL NOT EXEMPT YOU FROM CONSIDERATION WITH THIS AGENCY. ALL CASES ARE TO BE REVIEWED ON A CASE BY CASE BASIS AS TO THE SEVERITY OF THE CRIME AND ON THE TIME THAT HAS ELAPSED SINCE THE COMMISSION OF THE CRIME AND THE CONVICTION THAT WAS RECEIVED. [CDO968841](#)

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MICHAEL PARRISH



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SEC 3

APPLICATION FOR EMPLOYMENT

COMPLETE THIS SECTION ONLY IF APPLYING FOR A DRIVING POSITION

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

Expiration date _____

Driver's license
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

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Typing ☐ Yes

☐ No

_____ WPM

PC ☐ Yes

☐ No

MAC ☐ Yes

☐ No

Other Skills _____

SEC 4

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

SEC 5

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

SEC 6

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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WORK EXPERIENCE CONTINUED

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

I DO HEREBY CERTIFY THAT ALL OF THE ABOVE LISTED PREVIOUS EMPLOYMENT INFORMATION IS CORRECT

X _____

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

NORTH AMERICAN TASKS FORCES



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the NATF (hereinafter called "the Agency"), I do hereby agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment or business relationship, either in the position applied for or any other position, and regardless of the contents of Agency employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of any and all employment, or to confer any right to remain an employee or contractor of the Agency, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of Ops or by the Board of Directors. Both the undersigned and the Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand any misrepresentations or omissions of facts called for, is cause for dismissal at any time without any previous notice. I hereby grant the Agency the permissions to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contact.

I also understand that (1) the Agency has no drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with/to such a policy is not a condition of my employment; and (3) continued employment is not to be based on the successful passing of any testing under any such policy. I also understand that continued employment may not be based on the successful passing of any job-related physical examinations.

I understand that, in connection with the routine processing of an Agency employment application, the Agency will not request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living.

I further understand that my employment with the Agency shall be probationary for a period of sixty (60) days, and that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____



U.S. Citizenship
and Immigration
Services



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FOR INSURANCE PURPOSES ONLY. IF YOU ARE SUPPLYING YOUR OWN INSURANCE DISREGARD ALL

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in.

Weight _____

Birth date _____

Married ☐ Yes ☐ No If married, how long? _____ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

**TO BE COMPLETED
BY EMPLOYER**

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ ☐ Full-time ☐ Part-time ☐ Salaried

Applicant's signature acknowledging above information _____

Name of person verifying information _____

Name of person authorizing employment _____