

CHEREV GIDON

Israeli Tactical Training Academy

Application for instructor position

Please complete this application by printing or typing in ink. Along with the application, please include a recent passport picture and photocopies of all relevant documents. These include IDF discharge papers, teudat lochem, drivers license, etc. If any of the questions in this application are not relevant to you, please mark "N/A". Incomplete or unsigned applications will not be considered. When complete, scan and email the form (along with all other relevant documents) to mefaked@cherevgidon.com

General info

Last name _____ First name _____ Middle _____

Date of birth (Month/Day/Year) ____/____/____ Place of Birth _____

Current address _____ City _____ State _____ Zip _____

Telephone number (____) - ____ - _____ Cell number (____) - ____ - _____

Email address _____ Height _____ Weight _____ Gender M ___ F ___

Driver license number _____ State _____

IDF Service

Military serial number _____ Teudat Lochem number _____

Dates of service: From _____ Until _____

Unit _____ Rank upon discharge _____

Position (marksman, artilleryman, tank driver, intelligence officer, etc.) _____

Level of combat training (Rifleman 05, 07, etc.) _____

Name and rank of your last commanding officer _____

Awards/medals/distinctions etc. _____

Specialty courses _____

Were you discharged honorably? Yes _____ No _____ Were you subject to a psychological discharge (section 21) or discharged as a result of a physical disability? Yes _____ No _____

Physical Profile _____ Psychological profile _____

Have you ever held an instructor position or a position of command? Yes _____ No _____

Please explain _____

Please list any other military, police, or security background you may have _____

Education

Level of education:

High school _____ Some college _____ BA degree _____ MA Degree _____ PhD _____

Name of high school _____ Location _____

Date of graduation _____

Name of elementary school _____ Location _____

Date of graduation _____

Name of college/university _____ Location _____

Date of graduation _____

Degree received _____ Field of study _____

Work experience

Please list your last two places of employment

Company name _____ Address _____

Tel _____ Supervisor _____

Job title _____ Job description _____

Dates of employment (from) _____ (Until) _____

Reason for leaving _____

Company name _____ Address _____

Tel _____ Supervisor _____

Job title _____ Job description _____

Dates of employment (from) _____

(Until) _____

Reason for leaving _____

Please list any other jobs, job skills, or work experience you have that you feel is applicable

Language fluency

Please list all languages you speak, read and write fluently

English _____ Spanish _____ Arabic _____ Hungarian _____

Hebrew _____ German _____ Portuguese _____ Farsi _____

Russian _____ French _____ Italian _____ Other _____

Eligibility

Are you a legal resident of the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Do you have a criminal record of any kind? Yes _____ No _____ If yes please explain

Are you a user of or addicted to any type of illegal drug/narcotic? Yes _____ No _____

Have you ever been subject to psychiatric care, been prescribed psychiatric medications or have you ever been committed to a mental institution? Yes _____ No _____

Do you have any chronic medical problems which could interfere with the commission of your position as a shooting instructor? Yes _____ No _____

Please list any medical problems _____

Is there any reason under state or federal law which would prohibit you from possessing or handling firearms? Yes _____ No _____ Explain _____

Firearms experience

Please list your experience with firearms. Include any courses you have taken, certifications you have received, and which firearms you feel most comfortable handling

Have you ever instructed others in the use of firearms? Yes _____ No _____ Please explain _____

Licenses

Please list any licenses you may hold such as concealed handgun licenses, and the states from which they are issued

References

Please list three references who have known you for at least five years

Name _____ Address _____
Tel number _____ Email address _____
Occupation _____
Number of years you have known this reference for _____

Name _____ Address _____
Tel number _____ Email address _____
Occupation _____
Number of years you have known this reference for _____

Name _____ Address _____
Tel number _____ Email address _____
Occupation _____
Number of years you have known this reference for _____

I hereby certify that all information provided here is true to the best of my knowledge and that any falsification will result in automatic disqualification from any position. I hereby authorize Cherev Gidon to contact my former employers and verify my job history. I also authorize Cherev Gidon to conduct a comprehensive criminal background check and verify my psychiatric history. I realize that any criminal history or psychiatric issues constitute grounds for disqualification.

Signature _____ Date _____