

FAMILY RECORD

Please state details of your immediate family (Parent, brothers & sisters). (If married, include names of your spouse & children)

Name & Relationship	Age	Occupation	Company

Emergency Contact: (Name/Address/Tel)

HOBBIES/GAMES

List of hobbies you enjoy and types of games you play:
 (Indicate if you are representing School/Division/State/National Level)

SPECIAL SKILLS [To be supported with certificates]	
Knowledge of computer application/program/software:	<u>Other technical skills (Please specify)</u>
Typing Speed:
Language Proficiency:

OTHER PARTICULARS

Do you have any physical defects? (Yes/No) **Do you have any relative working with MPA? (Yes/No)**

Do you have a transport of your own? (Yes/No) If Yes, please state name and relationship:

(If yes, indicate car/motorcycle)?

How long notice of service termination required by your employer?

When can you report for work if selected?

Have you ever been arrested? (Yes/No)

(This means picked-up, held, handled, charges or questioned at any age by Civilian or Military Law Enforcement Agency). All incidents must be listed.

Date	Location	Charge	Disposition

I have read and understood the above and I have listed all appropriate contacts with Law Enforcement Agencies that I have ever had.

I agree to submit to physical examination upon request and hereby grant permission to any person, firm or corporation to give the Authority full information pertaining to my working ability and character.

I certify that all the foregoing information provided by me for my medical history questionnaire is accurate and understand that willfully withholding information or making false statements in this application or medical forms will be the basis for dismissal from the MPA and will make my employment relationship with MPA void.

Date:

Signature of applicant: