

FALL 2017

Missouri Forest Products Association Logging School Student Application

SECTION I Personal Information

Prefix (Mr., Mrs., Ms., Miss): _____

Full First Name: _____

Full Middle Name: _____

Last Name: _____

Date of Birth: _____

Preferred Name: _____

Street Address: _____

Postal Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Numbers: _____

Are you a citizen of United States? _____

If not what is your citizenship? _____

Are you a veteran of United States Military? _____

If Yes, what was your MOS or branch equivalent? _____

SECTION II Education:

What High School did you attend: _____

City: _____ State: _____

Year Graduated? _____

HiSET/GED Earned Year? _____

Will Graduate Year? _____

Member FFA? _____

Member 4H? _____

Member of other clubs? _____

List heavy commercial, industrial or farm equipment you can operate efficiently: _____

Have you previously attended any MFPA training(s)? _____

What did you attend and when? _____

SECTION III

Do you have valid Operator's License? _____

Do you have a valid Commercial Driver's License? _____

Has your license ever been suspended or revoked? _____

If so, why? _____

Have you ever been arrested for a felony? _____

Were you convicted and when? _____

Do you take or abuse prescription medication? _____

Do you consume, take or use illegal controlled substances? _____

Are you able to pass a drug test? _____

Mail to: MFPA, 505 East State Street, Jefferson City, MO 65101