

***MAPE CANDIDATE PERSONAL STATEMENT FORM***

For Office of: \_\_\_\_\_

Name \_\_\_\_\_

Current Department \_\_\_\_\_

Current Job Classification \_\_\_\_\_

MAPE Local Number \_\_\_\_\_

Personal Statement

I affirm that the information provided above is true, and that I am solely responsible for the accuracy and content of this statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_