

Military Academy Liaison Officer (MALO) Application Form



Name: (First)	(MI):	(Last):	
Address:			
City:	State:	Zip:	+
DOB: Gender: [] (M			
Phone Numbers	. —		,
(H): ()	(W): ()		
(C): ()			
Email Addresses: (H):			
(W):	(Mil):		
Military Duty Information			
Type: Active Duty	Reserve	Duty (indicate type	of reserve duty below)
☐ TPU ☐ IMA		☐ Mil-Tech	
Rank: DOR:	Branch: _		AOC:
IRR Information			
A-HRC Branch Manager:		Phone: () _	
Email:			
Unit Information			
Unit Name:		UIC:	
Unit Address:			
City:			+
Unit Commander's Name:			
Phone: ()	Email:		
Current OER Rating Period End Date:			
Current OER Rater Name:		_ Email:	
Most Recent Physical Date:			
Most Recent APFT Date:	Status:	☐ Pass ☐ Fail	
Most Recent Ht/Wt:/	Date:	Status:	☐ Pass ☐ Fail
Education Information			
Degree: 🗌 B.A./B.S. Degree, Year:	College: _		
☐ M.A./M.S. Degree, Year:			
Civilian Employment Information			
Position:	Employe	er:	
Congressional District Information: MALC MALOs may elect to accept assignment to districts susurrounding district you will accept assignments in.			
Home District:	Additional Dis	stricts:	
Return Completed For			_

FOUO: USER ID			