

City of Lufkin
Personal Information Form
Civil Service Examination
POLICE

DATE

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

***DATE OF BIRTH**

AGE ON THE TEST DATE

Exam takers must be 21

***SEX: MALE FEMALE**

E-MAIL ADDRESS

SOCIAL SECURITY NUMBER

Driver's License: State/Number

***ETHNIC CODE:**

BLACK

AMERICAN INDIAN

ASIAN/PACIFIC ISLANDERS

HISPANIC

WHITE

OTHER

INDICATE BELOW WHICH IS APPLICABLE:

PEACE OFFICER:

YES **NO**

TCOLE CERTIFIED:

YES **NO**

MILITARY SERVICE:

YES **NO**

HONORABLE DISCHARGE:

YES **NO**

How did you find out about the Lufkin Police Department Entrance Exam?

(SIGNATURE)

Please return completed form to ljohnson@cityoflufkin.com,

or hand deliver to

300 E. Shepherd, Suite 226, Lufkin, TX 75901

***Race, age and sex is required background data solely to monitor test results for protected groups.**