

**City of Lufkin**  
**Personal Information Form**  
**Civil Service Examination**  
**FIRE**

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**DATE**

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**LAST NAME**

**FIRST NAME**

**MI**

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**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**\*SEX:  MALE  FEMALE**

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**E-MAIL ADDRESS**

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**HOME/CELL PHONE**

**\*DATE OF BIRTH**

**AGE ON THE TEST DATE**

Must be 20 - 35 yrs of age

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**SOCIAL SECURITY NUMBER**

**DRIVER'S LICENSE/STATE/NUMBER**

**\*ETHNIC CODE:**

**BLACK**

**AMERICAN INDIAN**

**ASIAN/PACIFIC ISLANDERS**

**HISPANIC**

**WHITE**

**OTHER**

**TCFP CERTIFIED:  YES  NO**

**DSHS CERTIFICATION LEVEL:  NONE  EMT-B  EMT-I  EMT-P**

**MILITARY SERVICE:  YES  NO**

**HONORABLE DISCHARGE:  YES  NO  N/A**

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**SIGNATURE (DO NOT PRINT)**

**Please return completed form to [mmadera@cityoflufkin.com](mailto:mmadera@cityoflufkin.com) or  
hand deliver to 300 E. Shepherd, Suite 226, Lufkin, TX75901**

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