

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 mmadera@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.**