



**POLICE OFFICER EXAM  
IDENTIFICATION SHEET**

(PLEASE PRINT)

Exam Title \_\_\_\_\_ Exam # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Do you claim veteran's preference? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, obtain form from monitor to be completed today).

Do you claim disabled veteran's preference? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, obtain form from monitor to be completed today).

*I understand that if I decline a position, my name will be removed from the eligible list. I also understand that if I move or change phone numbers, it is my responsibility to notify the Department of Personnel/Human Resources of the change.*

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

(DO NOT WRITE BELOW)

	CONVERTED SCORE	INITIALS	CONVERTED RE-SCORE	INITIALS
WRITTEN TEST (Standardized Personality Test)				
EXPERIENCE/TRAINING				
PERSONAL QUALIFICATIONS				
TOTAL				
VETERAN'S PREFERENCE				
FINAL GRADE				
POSITION ON LIST				
RANK AS OF (DATE)				
M.S.C.T.C.: Reading/Writing Physical Agility				