Pursuant to Section 22 of Chapter 31 of the Massachusetts General Law, please use this form to claim Employment/Experience Credit if you have worked in the position title: **Correction Officer I**. Please print legibly. Failure to do so may result in loss of credit.

**NAME:**

Last _______ First _______ M _______

Social Security Number: _____ – ____ – ______

Daytime Telephone Number: (____) ____________

**EMPLOYMENT/EXPERIENCE IN POSITION TITLE FOR WHICH THE EXAMINATION IS BEING CONDUCTED**

**EXAMINATION TITLE:**  Correction Officer I

Employer’s Name: ____________________________

Employer’s Address: __________________________

Name of Contact: ____________________________

Telephone Number: (____) ____________

Position Title: ____________________________

**DATES OF EMPLOYMENT:**

Start Date: ___________ ___________ ___________ 

End Date: ___________ ___________ ___________

Was work full time? ___ Yes ___ No 

If Part-time, Number of hours per week: ____________

**SUMMARY OF DUTIES:**

(Attach additional sheets if necessary.)

Section 22 of Chapter 31 of the Massachusetts General Laws requires that you submit your claim for credit and supporting documentation no later than seven days from the date of the examination (March 26, 2011). Send documents to: The Massachusetts Human Resources Division, One Ashburton Place, Room 301, Boston, MA 02108-1552, Attention: Test Administration. Please retain a copy of this form for your records.

Please read the following statement and sign on the line provided.

*I understand that I have completed this form under the penalties of perjury and that I can be removed from the eligible list for intentionally making a false claim.*

________________________  ____________________

Signature  Date