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: **Police Chief**. 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:** **POLICE CHIEF**

Employer’s Name: ____________________________

Employer’s Address: ____________________________________________________________

____________________________

Name of Contact: ____________________________

Telephone Number: (____) __________________

Position Title: ____________________________

**DATES OF EMPLOYMENT:**

Start Date: (MM) ________ (DD) ________ (YYYY)

End Date: (MM) ________ (DD) ________ (YYYY)

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 (May 28, 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