Commonwealth of Massachusetts Human Resources Division (HRD)
Fire Alarm Operator Promotional Exam
Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. This form must be submitted no later than 7 calendar days after the exam with a deadline of **June 15, 2018**. Supporting documentation must be scanned and attached to your application or sent to civilservice@state.ma.us no later than **June 15, 2018.** This Form will serve as the primary source of verification and computation of an applicant's eligibility and the exam date of **June 8, 2018** will be the computation cut-off date. Time worked as a Provisional or a Temporary Fire Alarm Operator after certification may be applied toward one's eligibility. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification.

Name of Applicant: _____ **Social Security #:** _____
Verifying Department: _____ **Exam Title:** _____

I.   PERMANENT SERVICE
List Date of Original Permanent Appointment: _____Title: _____
List Dates and Reasons for any breaks in service: _____
_____

II. PROMOTIONS WITHIN DEPARTMENT (List Dates of Promotions and Rank):

Rank:	Date of Promotion:
_____	_____
_____	_____
_____	_____
_____	_____

III. TEMPORARY AFTER CERTIFICATION OR PROVISIONAL SERVICE IN THE DEPARTMENT.
(Examples: Provisional Principal Fire Alarm Operator, etc.)

A) List Service From June 8, 2013 To June 8, 2018.

Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)	Dates of Service Timeframe: (From – To)
(Example: Temp Principal FAO	FT	12/1/2014–03/20/2016)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B) List Service From June 8, 2006 To June 8, 2013.

Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)	Dates of Service Timeframe: (From – To)
(Example: Provisional Sr. FAO	2080 hrs.	12/12/2006 – 9/1/2009)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name of Appointing Authority (or designee):   _____
Title of Designee: _____

Signature of Appointing Authority (or designee):_____ **Date:**_____