Commonwealth of Massachusetts Human Resources Division (HRD) **Deputy Fire Chief, and District Fire Chief Promotional Exams Employment Verification Form**

Instructions: The Appointing Authority (or his/her designee) must sign 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 May 25, 2019. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than May 25, 2019. Applicants who are claiming the 25-Year **Promotional Preference:** This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of May 18, 2019 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward one's eligibility for this preference. 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:	Last 4 digits of 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): Date of Promotion: Rank:

III. RESERVE/INTERMITTENT, TEMPORARY, PROVISIONAL SERVICE OR OTHER

EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Deputy Chief, etc.)

A) List Service From May 18, 2014 To May 18, 2019.

	<u>Rank:</u>		Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".)		Dates of Service Timeframe: (From – To)	
	(Example:	Temp Deputy Chief		i His.)	(12/1/2014–03/20/2016)	
						-
B) List	Service Fro	om May 18, 2007 To	May 18, 2014.			
	Rank:		Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".)		Dates of Service Timeframe: (From – To)	
	(Example:	Provisional Captain	FT		(7/12/2007 – 9/1/2014)	-
for the	purpose of	• · ·	icant's eligibility fo		emporary Firefighter after cer ar Promotional Preference. Pl	

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

Signature of Appointing Authority (or designee):

Date: