Commonwealth of Massachusetts Human Resources Division (HRD)
2020 Attleboro Police Sergeant Sole Assessment Center Examination
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 **April 25, 2020**. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than **April 25, 2020.** ***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 **April 18, 2020** will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Police Officer or a Temporary Police Officer 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. Acting time will be creditable only in the title of the exam.

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):

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

III. RESERVE/INTERMITTENT, TEMPORARY, PROVISIONAL SERVICE OR OTHER EXPERIENCE IN THE DEPARTMENT. *(Examples: Provisional Captain, Temporary Captain, etc.)*

A) List Service From April 18, 2015 To April 18, 2020.

Rank:	**Total # of Hours:** (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	**Dates of Service Timeframe:** (From – To)
(Example: Temp Captain	FT	(12/1/2017–03/20/2018)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B) List Service From April 18, 2008 To April 18, 2015.

Rank:	**Total # of Hours:** (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	**Dates of Service Timeframe:** (From – To)
(Example: Temp Captain	FT	(12/12/2010 – 9/1/2012)
_____	_____	_____
_____	_____	_____
_____	_____	_____

C) List service prior to April 18, 2008, as a Reserve/Intermittent or Temporary Police Officer after certification, for the purpose of computing the applicant's eligibility for the 25-Year Promotional Preference. Please include service dates and number of hours worked: _____
_____

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

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