Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Falmouth Deputy Fire Chief Sole Assessment Center Examination 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 October 7, 2020. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than October 7, 2020. <u>Applicants who are claiming the 25-Year Promotional Preference</u>: 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 September 30, 2020 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 #:		
rifying Department:	Exam Title:		
. PERMANENT SERVICE			
	ntment:	Title:	
List Dates and Reasons for any breaks i			
I. PROMOTIONS WITHIN DEPA	RTMENT (List Dates of Pron	notions and Rank):	
Rank:	Date of	f Promotion:	
			
III. RESERVE/INTERMITTENT, T			
EXPERIENCE IN THE DEPARA) List Service From September 30,		nal Captain, Temporary Captain, etc.)	
Rank:	Total # of Hours:	Dates of Service Timeframe:	
- AMINI	(Within specified Service Timeframe.	(From – To)	
	If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)		
(Example: Temp Captain	FT 	(12/1/2017–03/20/2019)	
3) List Service From September 30,	2008 To September 30, 2015.		
Rank:	Total # of Hours:	Dates of Service Timeframe:	
	(Within specified Service Timeframe. If full-time, enter "FT". If part-time,	(From – To)	
(Example: Temp Captain	include total amount & the word "Hrs".) FT	(12/12/2010 – 9/1/2012)	
	0 0000 D // L		
C) List service prior to September 36 certification, for the purpose of comp	outing the applicant's eligibility	y for the 25-Year Promotional Prefere	
Please include service dates and num	ber of hours worked:		
Print Name of Appointing Authority T	(or designee): Fitle of Designee:		
Signature of Annointing Authority (a		Data	