Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Haverhill Police Captain 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 January 22, 2020. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than January 22, 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 January 15, 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:	cant: Last 4 digits of Social Security #: artment: Exam Title:	
Verifying Department:		
L. PERMANENT SERVICE List Date of Original Permanent App List Dates and Reasons for any break		
II. PROMOTIONS WITHIN DEP		
Rank	<u> </u>	Promotion:
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III. RESERVE/INTERMITTENT EXPERIENCE IN THE DEPA		L SERVICE OR OTHER nal Captain, Temporary Captain, etc.)
A) List Service From January 15, 2		an capitan, remperatify capitans, etc.,
Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	FT	(12/1/2014-03/20/2016)
		
B) List Service From January 15, 2	2008 To January 15, 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	(12/12/2008 - 9/1/2009)
		
certification, for the purpose of cor	nputing the applicant's eligibility	or Temporary Police Officer after for the 25-Year Promotional Preference
Print Name of Appointing Authori	ty (or designee): Title of Designee:	
Signature of Appointing Authority	(or designee):	Date: