Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Lowell Police Captain Sole Assessment Center Examination In Title 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 November 25, 2020. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than November 25, 2020. Applicants who are claiming in title credit: This form will serve as the primary source of verification and computation of an applicant's in title credit. Time will be creditable only in the title of the exam. 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 November 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.

Name of Applicant:	Last 4 digits of Social Security #:
Verifying Department:	Exam Title:
I PERMANENT SERVICE	

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 Captain, etc.) A) List Service From November 18, 2015 To November 18, 2020.

<u>Rank:</u>	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total encount of the ground "ILer")	Dates of Service Timeframe: (From – To)
(Example: Temp Captain	include total amount & the word "Hrs".) FT	(12/1/2017-03/20/2018)
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t Service From November 16	2000 10 10 to the the second s	
Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time,	Dates of Service Timeframe: (From – To)
	Total # of Hours: (Within specified Service Timeframe.	
<u>Rank:</u>	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	(From – To)

C) I 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):

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