Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Lynn Deputy Police Chief Sole Assessment Center Examination In Title 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 April 21 2020. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than April 21, 2020. <u>Applicants who are claiming in title credit:</u> 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. <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 April 14, 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 List Date of Original Permanent App List Dates and Reasons for any break		
II. PROMOTIONS WITHIN DEF	<u>Date of</u>	notions and Rank): Promotion:
A) List Service From April 14, 201	ARTMENT. (Examples: Provision 5 To April 14, 2020.	nal Captain, Temporary Captain, etc.)
Rank: (Example: Temp Captain	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT	<u>Dates of Service Timeframe:</u> (From – To) (12/1/2017–03/20/2018)
B) List Service From April 14, 200		
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 	(12/12/2011 – 9/1/2012)
C) List service prior to April 14, 20 certification, for the purpose of corPlease include service dates and nu	mputing the applicant's eligibility	Temporary Police Officer after for the 25-Year Promotional Preference
Print Name of Appointing Authori	ity (or designee): Title of Designee:	
Signature of Appointing Authority	(or designee):	Date: