Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Winchester 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 **December 22, 2020**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **December 22, 2020**. <u>Applicants who are claiming in title</u> <u>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 of an applicant's eligibility for this preference, and the exam date of **December 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.

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:

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III.	RESERVE/INTE	RMITTENT, TE	MPORARY,	PROVISIONAL SE	RVICE OR OTHER	

EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Captain, etc.) A) List Service From December 15, 2015 To December 15, 2020.

<u>Rank:</u>		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)
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Service Fr	om December 15.	2008 To December 15, 2015.	
Rank:		Total # of Hours: (Within specified Service Timeframe.	Dates of Service Timeframe: (From – To)
		If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	(nom ro)
(Example:	Temp Captain	FT	(12/12/2011 - 9/1/2012)

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

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