Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Attleboro 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 March 11, 2021. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than March 11, 2021. <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 March 4, 2021 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.

	Last 4 digits of Social Security #: Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent App List Dates and Reasons for any break	ointment:	Title:
II. PROMOTIONS WITHIN DEP Rank		otions and Rank): 'Promotion:
III. RESERVE/INTERMITTENT	ARTMENT. (Examples: Provision	
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 March 4, 200	9 To March 4, 2016.	
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) (12/12/2011 – 9/1/2012)
C) List service prior to March 4, 20 certification, for the purpose of cor Please include service dates and nu	nputing the applicant's eligibility	for the 25-Year Promotional Prefere
Print Name of Appointing Authori	ty (or designee): Title of Designee:	

Date:

Signature of Appointing Authority (or designee):