## Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Dedham Fire Captain Sole Assessment Center Examination 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 November 23, 2021. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than November 23, 2021. <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 November 16, 2021 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter 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.

Tame of Applicant:	Last 4 digits of Social Security #:		
Verifying Department:	Exam Title:		
. PERMANENT SERVICE			
	ointment:	Title:	
List Dates and Reasons for any breaks			
I. PROMOTIONS WITHIN DEPA	ARTMENT (List Dates of Prom	otions and Rank):	
Rank:	<u>Date of</u>	Promotion:	
	<del></del>		
	<del></del>		
III. RESERVE/INTERMITTENT,	TEMPORARY, PROVISIONA	L SERVICE OR OTHER	
		aal Captain, Temporary Captain, etc.	
A) List Service From November 16,	2016 To November 16, 2021.		
Rank:	Total # of Hours:	<b>Dates of Service Timeframe:</b>	
	(Within specified Service Timeframe. If full-time, enter "FT". If part-time,	(From – To)	
(Example: Temp Captain	include total amount & the word "Hrs".)  FT	(12/1/2017–03/20/2019)	
——————————————————————————————————————		(12/1/2017 03/20/2017)	
D) List Camina Fuera Navambar 16	2000 To November 17, 2017		
B) List Service From November 16,	•	D-4	
Rank:	Total # of Hours: (Within specified Service Timeframe.	<u>Dates of Service Timeframe:</u> (From – To)	
	If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	, ,	
(Example: Temp Captain	FT	(12/12/2010 - 9/1/2012)	
-	-		
		<del></del>	
C) List service prior to November 1			
certification, for the purpose of com			
Please include service dates and nur	mber of hours worked:		
Print Name of Appointing Authorit		<del> </del>	
	Title of Designee:		
Signature of Annointing Authority	(or designee).	Date	