## Commonwealth of Massachusetts Human Resources Division (HRD) **Fire Departmental Promotional Exams 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 20, 2021. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than November 20, 2021. 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 13, 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. Acting time will be creditable only in the title of the exam.

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):** 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 13, 2016 To November 13, 2021.

		Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".)	Dates of Service Timeframe (From – To)
(Example:	Temp Captain	FT	(12/1/2018 - 03/20/2020)
	m November 13,	2009 To November 13, 2016. Total # of Hours:	Dates of Service Timeframe
Service From <u>Rank:</u>	m November 13,	2009 To November 13, 2016. <u>Total # of Hours:</u> (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".)	Dates of Service Timeframe (From – To)

C) List service prior to November 13, 2009, as a Reserve/Intermittent or Temporary Firefighter after 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): Title of Designee:

Signature of Appointing Authority (or designee): \_\_\_\_\_ Date:\_\_\_\_\_