Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Leominster Police Lieutenant 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 July 27, 2021. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than July 27, 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 July 20, 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. Acting time will be creditable only in the title of the exam.

Name of Applicant:	Last 4 digits of Social Security #:	
erifying Department:	Exam Title:	
	pointment:	
<u>Rank</u>		Promotion:
I. RESERVE/INTERMITTENT		
(Example: Temp Captain	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT	(From – To) (12/1/2017–03/20/2018)
List Service From July 20, 2009	To July 20, 2016.	
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)
List service prior to July 20, 200 ertification, for the purpose of collease include service dates and nu	mputing the applicant's eligibility	for the 25-Year Promotional Preferen
rint Name of Appointing Authori	ity (or designee): Title of Designee:	
ignature of Appointing Authority		Data