Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Lynnfield Police Chief Sole Assessment Center Examination 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 September 29, 2021. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than September 29, 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 September 22, 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. Service as a Student Officer, before successful completion of an approved academy, does not count towards meeting 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.

	Last 4 digits of Social Security #: Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent App List Dates and Reasons for any break	pointment:	Title:
		f Promotion:
III. RESERVE/INTERMITTENT	T, TEMPORARY, PROVISIONA 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 September 22		
<u>Rank:</u>		Dates of Service Timeframe:
	mputing the applicant's eligibility	ent or Temporary Police Officer after y for the 25-Year Promotional Preference.
Print Name of Appointing Authori	ity (or designee): Title of Designee:	
Signature of Appointing Authority (or designee):		Date: