## Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Pembroke 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 **June 11**, 2021. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **June 11**, 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 **June 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. 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:ks in service:		
<u>Ran</u>		Promotion:	
. 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 June 4, 2009	To June 4, 2016.		
Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	Dates of Service Timeframe: (From – To)	
(Example: Temp Captain	FT	(12/12/2011 – 9/1/2012)	
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rint Name of Appointing Author	ity (or designee): Title of Designee:		
ignature of Annointing Authority		Date:	