Commonwealth of Massachusetts Human Resources Division (HRD) 2021 Rockland Police Lieutenant 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 November 10, 2021. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than November 10, 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 3, 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.

Name of Applicant:	Last 4 digits of Social Security #:	
	Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent Appo List Dates and Reasons for any breaks	intment:	Title:
		Promotion:
A) List Service From November 3, 2	RTMENT. (Examples: Provision 2016 To November 3, 2021.	L SERVICE OR OTHER nal Captain, Temporary Captain, etc.)
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 November 3, 2		
Rank:	Total # of Hours:	Dates of Service Timeframe:
C) List service prior to November 3, certification, for the purpose of com Please include service dates and nur	, 2009, as a Reserve/Intermitten puting the applicant's eligibility	for the 25-Year Promotional Preference
Print Name of Appointing Authority	y (or designee): Title of Designee:	
Signature of Appointing Authority (or designee):		Date: