

**Commonwealth of Massachusetts Human Resources Division (HRD)  
2021 Tewksbury Deputy Fire 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 **November 25, 2021**. Supporting documentation must be scanned and attached to your application or sent to [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than **November 25, 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 18, 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.

**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):**

| <u>Rank:</u> | <u>Date of Promotion:</u> |
|--------------|---------------------------|
| _____        | _____                     |
| _____        | _____                     |
| _____        | _____                     |
| _____        | _____                     |

**III. RESERVE/INTERMITTENT, TEMPORARY, PROVISIONAL SERVICE OR OTHER  
EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Captain, etc.)**

**A) List Service From November 18, 2016 To November 18, 2021.**

| <u>Rank:</u>            | <u>Total # of Hours:</u><br>(Within specified Service Timeframe.<br>If full-time, enter "FT". If part-time,<br>include total amount & the word "Hrs".) | <u>Dates of Service Timeframe:</u><br>(From – To) |
|-------------------------|--|---|
| (Example: Temp Captain) | FT   | (12/1/2017–03/20/2019)                            |
| _____                   | _____  | _____   |
| _____                   | _____  | _____   |

**B) List Service From November 18, 2009 To November 18, 2016.**

| <u>Rank:</u>            | <u>Total # of Hours:</u><br>(Within specified Service Timeframe.<br>If full-time, enter "FT". If part-time,<br>include total amount & the word "Hrs".) | <u>Dates of Service Timeframe:</u><br>(From – To) |
|-------------------------|--|---|
| (Example: Temp Captain) | FT   | (12/12/2010 – 9/1/2012)                           |
| _____                   | _____  | _____   |
| _____                   | _____  | _____   |

**C) List service prior to November 18, 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:** \_\_\_\_\_