Commonwealth of Massachusetts Human Resources Division (HRD) 2022 Easton Police Chief 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 May 11, 2022. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than May 11, 2022. <u>Applicants who</u> <u>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 May 4, 2022 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:in service:	_Title:
		Promotion:
III. RESERVE/INTERMITTENT, EXPERIENCE IN THE DEPA A) List Service From May 4, 2017 T	RTMENT. (Examples: Provision of May 4, 2022.	L SERVICE OR OTHER al 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 May 4, 2010 T	o May 4, 2017.	
<u>Rank:</u>	Total # of Hours:	Dates of Service Timeframe:
C) List service prior to May 4, 2010, certification, for the purpose of com Please include service dates and num	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: