

**Commonwealth of Massachusetts Human Resources Division (HRD)
2022 Institution Parole Officer C 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 **May 11, 2022**. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than **May 11, 2022**. 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 #:** _____
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: Transitional Parole Officer A/B.)**

A) List Service From May 4, 2010 To May 4, 2022.

<u>Rank:</u>	<u>Total # of Hours:</u> (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Institution Parole Officer C	FT	(12/12/2012 – 9/1/2014)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B) List Service From May 4, 2002 To May 4, 2010.

<u>Rank:</u>	<u>Total # of Hours:</u> (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Institution Parole Officer C	FT	(12/12/2006 – 9/1/2008)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name of Appointing Authority (or designee): _____

Title of Designee: _____

Signature of Appointing Authority (or designee): _____ **Date:** _____