Commonwealth of Massachusetts Human Resources Division (HRD) 2022 Norton Deputy Fire Chief Sole Assessment Center Examination In Title 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 February 21, 2022. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than February 21, 2022. Applicants who are claiming in title credit: This form will serve as the primary source of verification and computation of an applicant's in title credit. Time will be creditable only in the title of the exam. 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 February 14, 2022 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.

	Last 4 digits of Social Security #: Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent Appoil List Dates and Reasons for any breaks	intment:in service:	Title:
II. PROMOTIONS WITHIN DEPA Rank:		otions and Rank): 'Promotion:
III. RESERVE/INTERMITTENT,	RTMENT. (Examples: Provision	
Rank: (Example: Temp Lieutenant	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 February 14, 2	 010 To February 14, 2017.	
Rank: (Example: Temp Lieutenant	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) (12/12/2011 – 9/1/2012)
C) List service prior to February 14,		
Please include service dates and num		for the 25-Year Promotional Preference
Print Name of Appointing Authority	(or designee): Title of Designee:	

Date:

Signature of Appointing Authority (or designee):