# **Commonwealth of Massachusetts Human Resources Division**

#### 2023 District Fire Chief Departmental Promotional Examinations

#### Employment Verification Form

**Instructions:** The Appointing Authority (or their designee) must sign and date this form, certifying the information provided for each promotional candidate is accurate. Attach additional paperwork if necessary. This form must be submitted no later than seven calendar days after the written examination date. This form and any 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, 2023.** 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 examination.

***Candidates who are claiming the Promotional Preference for 25 Years*:** This form will serve as the primary source of verification and computation of a candidate’s eligibility for this preference, and the examination date of **November 18, 2023,** will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent, Call and/or Temporary Firefighter after certification may be applied toward one’s eligibility for this preference.

### Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verifying Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examination Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### I. PERMANENT ORIGINAL SERVICE

List Date of Permanent Appointment in rank of Firefighter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List End Date (if not current department) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## II. PROMOTIONS WITHIN DEPARTMENT (List Ranks and Dates of Promotions):

**Rank:** **Date of Promotion:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## III. TEMPORARY AND PROVISIONAL TIME IN RANK(S)

**Rank:** **Dates of Service** (From – To)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. ACTING TIME IN EXAMATION TITLE ONLY**

**Hours:** **Dates of Service** (From – To)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. RESERVE, INTERMITTENT OR CALL TIME AS FIREFIGHTER**

**Rank:** **Total # of Hours** (include if part-time)**:** **Dates of Service** (From – To)**:**

(Example: Reserve Firefighter) (250 Hrs.) (12/1/2015–01/20/2018)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Dates and Reasons for any breaks in service at any and all ranks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name of Appointing Authority (or designee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Appointing Authority (or designee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**