Commonwealth of Massachusetts Human Resources Division (HRD) 2023 Watertown 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 June 1, 2023. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than June 1, 2023. 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 serve as the primary source of verification and computation of an applicant's eligibility for this 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 May 25, 2023 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 App	ointment:	Title:
List Dates and Reasons for any break	s in service:	
II. PROMOTIONS WITHIN DEP Rank	· ·	<u>Promotion:</u>
III. RESERVE/INTERMITTENT	, TEMPORARY, PROVISIONA ARTMENT. (Examples: Provision	
Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time,	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	include total amount & the word "Hrs".) FT ————	(12/1/2019–03/20/2020)
B) List Service From May 25, 2011	To May 25, 2018.	
Rank:	Total # of Hours:	Dates of Service Timeframe:
		
	pplicant's eligibility for the 25-Y	Γemporary Firefighter after certificatio ear Promotional Preference. Please
Print Name of Appointing Authori	ty (or designee): Title of Designee:	
Signature of Appointing Authority	(or designee):	Date: