Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Auburn Deputy 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 **November 1**, 2024. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **November 1**, 2024. <u>Applicants who are claiming the 25-</u><u>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 **October 25**, 2024 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.

Name of Applicant: Verifying Department:		Last 4 digits of Social Security #: _ Exam Title:	
List Date of Original Permanent Appointment:			
List Dates and Reasons for any	breaks in service:		
II. PROMOTIONS WITHIN	DEPARTMENT <u>Rank:</u>	•	notions and Rank): f Promotion:
DEPARTMENT. (Examp			RMITTENT SERVICE IN THE <i>aptain, etc.)</i>
<u>Rank:</u>	(I	f Hours: ified Service Timeframe. enter "FT". If part-time,	Dates of Service Timeframe: (From – To)

IV. For the purpose of computing the applicant's eligibility for the 25-Year Promotional Preference, list any service as a Reserve/Intermittent or Temporary Police Officer after certification. Please include service dates and number of hours worked:

include total amount & the word "Hrs".)

(12/1/2019 - 03/20/2021)

FT

(Example: Temp Captain

Print Name of Appointing Authority (or designee): _	
Title of Designee:	

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