

**Commonwealth of Massachusetts Human Resources Division (HRD)  
2024 Auburn Police Sergeant Sole Assessment Center 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 **October 31, 2024**. Supporting documentation must be scanned and attached to your application or sent to [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than **October 31, 2024**. **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 **October 24, 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:** \_\_\_\_\_ **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):**

**Rank:**

**Date of Promotion:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**III. ACTING, TEMPORARY, PROVISIONAL, RESERVE/INTERMITTENT SERVICE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Captain, etc.)**

**Rank:**

**Total # of Hours:**

**Dates of Service Timeframe:**

(Within specified Service Timeframe.

(From – To)

If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)

(Example: Temp Captain

FT

(12/1/2019–03/20/2021)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**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:**

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

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

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

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