Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Bellingham Police Lieutenant Sole Assessment Center Examinations In Title 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 **February 23, 2024**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **February 23, 2024**.

<u>Applicants who are claiming in title credit:</u> 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 and the exam date of February 16, 2024 will be the computation cut-off date.

<u>Applicants who are claiming the 25-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 **February 16**, 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. 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:	
	Appointment:reaks in service:	
	DEPARTMENT (List Dates of Pron ank: <u>Date o</u>	notions and Rank): f Promotion:
	AFTER CERTIFICATION OR PROSEST Provisional Captain, Temporary C Total # of Hours:	*
(Example: Temp Captai	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	(From – To) (12/1/2019–03/20/2021)
applicant's eligibility for the 25		ication, for the purpose of computing th lude service dates and number of hours
Print Name of Appointing Auth	nority (or designee): Title of Designee:	
Signature of Appointing Autho	rity (or designee):	Date: