Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Beverly Police Captain 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 **December 14**, 2024. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **December 14**, 2024. <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 **December 7**, 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 Exam T	digits of Social Security #:
I. PERMANENT SERVICE List Date of Original Permaner List Dates and Reasons for any	nt Appointment:	Title:
II. PROMOTIONS WITHIN	Rank:	es of Promotions and Rank): Date of Promotion:
•	Y, PROVISIONAL, RESERV ples: Provisional Captain, Ten	VE/INTERMITTENT SERVICE IN THE inporary Captain, etc.)
Rank:	Total # of Hours: (Within specified Service 7 If full-time, enter "FT". If jinclude total amount & the	part-time,
(Example: Temp Cap		(12/1/2019–03/20/2021)
	tent or Temporary Police Of	ty for the 25-Year Promotional Preference, list any ficer after certification. Please include service
Print Name of Appointing A		
Signature of Appointing Aut	hority (or designee):	Date: