Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Beverly Police Lieutenant 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 **June 29, 2024**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **June 29, 2024**. <u>Applicants who are claiming the 25-Year</u> <u>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 **June 22, 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.

		Last 4 digits of Social Security #: Exam Title:	
List Date of Original Permanent Appointment:			Title:
			of Promotion:
III. ACTING, TEMPORAR DEPARTMENT. (Exan			ERMITTENT SERVICE IN THE <i>Captain, etc.)</i>
Rank:	Total # of	Hours:	Dates of Service Timeframe:

	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	(From – To)
(Example: Temp Captain	FT	(12/1/2019-03/20/2021)
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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:				

Date:

Signature of Appointing Authority (or designee):