## Commonwealth of Massachusetts Human Resources Division 2024 Boston Deputy Fire Chief Promotional Examination Employment Verification Form

**Instructions:** The Appointing Authority (or their designee) <u>must sign</u> and date this form, certifying the information provided for each promotional candidate is accurate. Attach additional paperwork if necessary. This form must be submitted no later than seven calendar days after the written examination date. This form and any supporting documentation must be scanned and attached to the application or sent to <u>civilservice@mass.gov</u> no later than **June 15**, **2024.** Please be thorough in completing this form. Not indicating full-time or part-time (if part-time hours) will be considered insufficient verification. Acting time will be creditable only in the title of the examination.

<u>Candidates who are claiming the Promotional Preference for 25 Years</u>: This form will serve as the primary source of verification and computation of a candidate's eligibility for this preference, and the examination date of **June 8, 2024,** will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent, Call and/or Temporary Firefighter after certification may be applied toward a candidate's eligibility for this preference.

Name of Candidate:	Last four digits of Social Security #: Examination Title:	
Verifying Department:		
I. PERMANENT ORIGINAL SERVI	CE	
List Date of Permanent Appointment in	rank of Firefighter:	
List End Date (if not current department)	)	
List Dates and Reasons for any breaks	s in service at any and all ranks:	<b>:</b>
II. PROMOTIONS WITHIN DEPAR'	TMENT (List Ranks and Dates	of Promotions):
Rank:		Promotion:
III. TEMPORARY AND PROVISION	NAL TIME IN RANK(S)	
Rank:		f Service (From – To):
IV. ACTING TIME IN EXAMATION		
<u>Hours:</u>	Dates of	f Service (From – To):
V DESERVE INTERMITTENT OF	CALL TIME AS EIDERICHT	ED.
V. RESERVE, INTERMITTENT OR		
Rank: (Example: Reserve Firefighter)	otal # of Hours (include if part-ti (250 Hrs.)	ime): Dates of Service (From – To): (12/1/2015–01/20/2018)
Print Name of Appointing Authority (	or designee):	
Title of	Designee:	
Signature of Appointing Authority (or designee):		Date: