Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Canton Police Sergeant 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 8**, 2024. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **June 8**, 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 **June 1**, 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 Apportunity List Dates and Reasons for any breaks	intment:in service:	_Title:
II. PROMOTIONS WITHIN DEPA Rank:	`	otions and Rank): Promotion:
III. ACTING, TEMPORARY, PRO DEPARTMENT. (Examples: Pr	-	
Rank:	Total # of Hours:	Dates of Service Timeframe:
(Example: Temp Captain	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT ———— ————————————————————————————	(From – To) (12/1/2019–03/20/2021)
IV. For the purpose of computing th service as a Reserve/Intermittent or dates and number of hours worked:		25-Year Promotional Preference, list any certification. Please include service
Print Name of Appointing Authority	(or designee): Title of Designee:	

Date:

Signature of Appointing Authority (or designee):