Commonwealth of Massachusetts Human Resources Division 2024 Dracut Fire Captain Sole Assessment Center 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 **March 26**, **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 **March 19, 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.

	Last four digits of Social Security #: Examination Title:		
I. PERMANENT ORIGINAL SERVICE List Date of Permanent Appointment in rank of List End Date (if not current department)	-		
List Dates and Reasons for any breaks in se	ervice at any and all ranks:		
II. PROMOTIONS WITHIN DEPARTME	ENT (List Ranks and Dates of Promotions):		
Rank:	Date of Promotion:		
III. TEMPORARY AND PROVISIONAL	TIME IN RANK(S)		
Rank:	<u>Dates of Service</u> (From – To):		
IV. ACTING TIME IN EXAMATION TI	TLE ONLY		
<u>Hours:</u>	<u>Dates of Service</u> (From – To):		
V. RESERVE, INTERMITTENT OR CAL	LL TIME AS FIREFIGHTER		
Rank: (Example: Reserve Firefighter)	# of Hours (include if part-time): (250 Hrs.) Dates of Service (12/1/2015-	ce (From – To): -01/20/2018)	
Print Name of Appointing Authority (or de	esignee):		
Title of Desi	ignee:		
Signature of Appointing Authority (or desi	ignee): Date:	Date:	