## Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Duxbury Police Sergeant Sole Assessment Center Examination Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) must sign 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 August 31, 2024. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than August 31, 2024. Applicants who are claiming the 25-Year Promotional Preference: 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 August 24, 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 Dates and Reasons for any breaks	pintment:s in service:	_Title:
II. PROMOTIONS WITHIN DEPARABLE		otions and Rank): Promotion:
III. ACTING, TEMPORARY, PRO DEPARTMENT. (Examples: P	OVISIONAL, RESERVE/INTER	
Rank:	Total # of Hours:	<b>Dates of Service Timeframe:</b>
(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)
	Temporary Police Officer after	25-Year Promotional Preference, list any certification. Please include service
Print Name of Appointing Authorit	y (or designee): Title of Designee:	

Date:

**Signature of Appointing Authority (or designee):**