

**Commonwealth of Massachusetts Human Resources Division  
2024 Statewide Fire Chief Promotional Examinations  
Employment Verification Form**

**Instructions:** The Appointing Authority (or their designee) must sign 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 [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than **October 9, 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.

**Candidates who are claiming the Promotional Preference for 25 Years:** 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 **October 2, 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 #:** \_\_\_\_\_

**Verifying Department:** \_\_\_\_\_ **Examination Title:** \_\_\_\_\_

**I. PERMANENT ORIGINAL SERVICE**

List Date of Permanent Appointment in rank of Firefighter: \_\_\_\_\_

List End Date (if not current department) \_\_\_\_\_

**List Dates and Reasons for any breaks in service at any and all ranks:** \_\_\_\_\_

**II. PROMOTIONS WITHIN DEPARTMENT (List Ranks and Dates of Promotions):**

<u>Rank:</u>	<u>Date of Promotion:</u>
_____	_____
_____	_____
_____	_____

**III. TEMPORARY AND PROVISIONAL TIME IN RANK(S)**

<u>Rank:</u>	<u>Dates of Service (From – To):</u>
_____	_____
_____	_____
_____	_____

**IV. ACTING TIME IN EXAMINATION TITLE ONLY**

<u>Hours:</u>	<u>Dates of Service (From – To):</u>
_____	_____

**V. RESERVE, INTERMITTENT OR CALL TIME AS FIREFIGHTER**

<u>Rank:</u> (Example: Reserve Firefighter)	<u>Total # of Hours</u> (include if part-time): (250 Hrs.)	<u>Dates of Service (From – To):</u> (12/1/2015–01/20/2018)
_____	_____	_____
_____	_____	_____

**Print Name of Appointing Authority (or designee):** \_\_\_\_\_

**Title of Designee:** \_\_\_\_\_

**Signature of Appointing Authority (or designee):** \_\_\_\_\_ **Date:** \_\_\_\_\_