Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Medford Police Captain 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 July 6, 2024. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than July 6, 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 29, 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: Verifying Department:	Last 4 digits of Social Security #: Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent Appoil List Dates and Reasons for any breaks	intment:in service:	
II. PROMOTIONS WITHIN DEPA <u>Rank:</u>	`	otions and Rank): 'Promotion:
III. ACTING, TEMPORARY, PRODEPARTMENT. (Examples: Pro		
Rank: (Example: Temp Captain	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT	<u>Dates of Service Timeframe:</u> (From – To) (12/1/2019–03/20/2021)
IV. For the purpose of computing the 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):