Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Police Departmental Promotional Examinations 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 your application or sent to <u>civilservice@mass.gov</u> no later than September 28, 2024. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification. Acting time will be creditable only in the title of the examination. All other will be credited in the appropriate title.

<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 **September 21**, **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.

Name of Candidate:	Last 4 digits of Social Security #: Exam Title:	
Verifying Department:		
I. PERMANENT SERVICE List Date of Permanent Appointment List End Date (if not current department)		
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II. PROMOTIONS WITHIN DEPARENCE NAME:	ARTMENT (List Dates of Promotion Date of Promotion:	
) (Temporary Captain-appointment fr	om an eligible list)
Rank:	<u>Total # of Hours:</u> Within specified Service Timeframe.	
If full-time,	enter "FT". If part-time, include total an	
(Example: Temp Captain)	FT	(12/1/2019–03/20/2021)
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IV. ACTING TIME IN EXAMATION	ON TITLE ONLY	
Total # of Hours:		Го):
	: List any service as a Reserve/Interdates and total number of hours wo	rmittent or Temporary Police Office orked:
Type of Service:	Total # of Hours:	Dates of Service Timeframe:
Print Name & Title of Appointing A	Authority (or designee):	
Signature of Appointing Authority	(or designee):	Date: