

**Commonwealth of Massachusetts Human Resources Division (HRD)  
2024 Raynham Police Lieutenant Sole Assessment Center Examinations  
In Title 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 **April 23, 2024**. Supporting documentation must be scanned and attached to your application or sent to [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than **April 23, 2024**.

**Applicants who are claiming in title credit:** This form will serve as the primary source of verification and computation of an applicant's in title credit. **Time will be creditable only in the title of the exam** and the exam date of **April 16, 2024** will be the computation cut-off date.

**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 **April 16, 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. 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 Appointment: \_\_\_\_\_ Title: \_\_\_\_\_

List Dates and Reasons for any breaks in service: \_\_\_\_\_

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

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

**III. ACTING, TEMPORARY AFTER CERTIFICATION OR PROVISIONAL, SERVICE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Captain, etc.)**

<u>Rank:</u>	<u>Total # of Hours:</u>	<u>Dates of Service Timeframe:</u>
	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	(From – To)
(Example: Temp Captain)	FT	(12/1/2019–03/20/2021)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. List service as a Reserve/Intermittent Police Officer after certification, for the purpose of computing the applicant's eligibility for the 25-Year Promotional Preference. Include service dates and number of hours worked:** \_\_\_\_\_

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

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