Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Salem Police Captain 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 May 25, 2024. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than May 25, 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 May 18, 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.

	Last 4 digits of Social Security #: Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent App List Dates and Reasons for any break	ointment:	Title:
II. PROMOTIONS WITHIN DEP Rank		otions and Rank): Promotion:
III. ACTING, TEMPORARY, PRO DEPARTMENT. (Examples: F	OVISIONAL, RESERVE/INTER Provisional Captain, Temporary Ca	
Rank:	Total # of Hours: (Within specified Service Timeframe.	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT —————————————————————————————————	(12/1/2019–03/20/2021)
	r Temporary Police Officer after	25-Year Promotional Preference, list any certification. Please include service
Print Name of Appointing Authori	ty (or designee): Title of Designee:	

Date:

Signature of Appointing Authority (or designee):