## Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Wilmington Police Chief Sole Assessment Center Examinations In Title 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 **October 9, 2024**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **October 9, 2024**.

<u>Applicants who are claiming in title credit:</u> 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 **October 2, 2024** will be the computation cut-off date.

<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 **October 2**, **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 #:		
	ying Department:Exam			
I. PERMANENT SER List Date of Original Peri List Dates and Reasons for	manent Appoi	intment:in service:	Title:	
II. PROMOTIONS WITHIN DEPAIRANK:		`	ootions and Rank):  Promotion:	
		CR CERTIFICATION OR PRO ovisional Captain, Temporary Co  Total # of Hours: (Within specified Service Timeframe.	DVISIONAL, SERVICE IN THE aptain, etc.)  Dates of Service Timeframe:  (From – To)	
(Example: Temp	p Captain)	(Within specified service Timerraine.  If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)  FT  ————	(12/1/2019–03/20/2021)	
applicant's eligibility for	r the 25-Year		cation, for the purpose of computing the ude service dates and number of hours	
Print Name of Appointi	•	(or designee): Title of Designee:		