Commonwealth of Massachusetts Human Resources Division (HRD) 2024 Winthrop Police Sergeant 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 **March 9, 2024**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **March 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 March 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 March 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 #:			Social Security #:
Verifying Department:		Exam Title:	
I. PERMANENT SERV List Date of Original Perma List Dates and Reasons for	nent Appointment:	ee:	_Title:
II. PROMOTIONS WITHIN DEPAR <u>Rank:</u>		*	otions and Rank): 'Promotion:
-	amples: Provisiona	AL, RESERVE/INTER Il Captain, Temporary Ca # of Hours:	RMITTENT SERVICE IN THE aptain, etc.) Dates of Service Timeframe:
(Example: Temp ((Within If full-ti include t	specified Service Timeframe. ime, enter "FT". If part-time, total amount & the word "Hrs".) FT	(From – To) (12/1/2019–03/20/2021)
			er after certification, for the purpose of reference. Include service dates and
number of hours worked: Print Name of Appointing	Authority (or des	ignee):	
Signature of Appointing A	authority (or desig	nee)·	Date: