

**Commonwealth of Massachusetts Human Resources Division
2025 Department of Correction Promotional Exam
Employment Verification Form**

Instructions: The Appointing Authority (or designee) must sign and date this form, certifying the information provided is accurate. Attach additional paperwork if necessary. This form and any supporting documentation must be scanned and attached to the Experience and Education (E&E) application or sent to civilservice@mass.gov no later than seven calendar days following the exam date. **Provisional and/or temporary time will only be creditable in the title of the exam.**

Candidate Name: _____ **Exam Date:** _____
Verifying Agency: _____ **Exam Title:** _____

I. PERMANENT APPOINTMENT

List permanent entry level title _____

Permanent appointment date: _____

List dates and reasons for any breaks in service at all ranks: _____

II. PERMANENT PROMOTIONS IN THE AGENCY

| <u>Rank</u> | <u>Date of Promotion</u> |
|--------------------|---------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

III. PROVISIONAL AND TEMPORARY SERVICE IN THE AGENCY

| <u>Rank</u> | <u>Hours</u> | <u>Dates of Service</u> |
|--|---------------------|--------------------------------|
| (Please indicate if experience is full-time. If part-time, include number of hours) | | |
| (Example 1: COII) | FT | (12/01/2019 - 03/20/2021) |
| (Example 2: COIII) | 276 | (01/01/2023 - 06/01/2024) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Print Name and Title of Appointing Authority (or designee) _____

Signature of Appointing Authority (or designee): _____ Date: _____