

**Commonwealth of Massachusetts Human Resources Division  
2025 Fire Alarm Operator 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, Certification/Training and Education (ECT&E) application or sent to [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than seven calendar days following the exam date. **Acting time will be creditable only in the title of the exam.**

**Note:** Some sections of this form may not apply to every department.

**Candidate Name:** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_  
**Verifying Agency:** \_\_\_\_\_ **Exam Title:** \_\_\_\_\_

**I. PERMANENT APPOINTMENT**

Fire Alarm Operator permanent appointment date: \_\_\_\_\_  
List dates and reasons for any breaks in service at all ranks: \_\_\_\_\_  
\_\_\_\_\_

**II. PERMANENT PROMOTIONS IN THE DEPARTMENT**

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

**III. ACTING, TEMPORARY, AND PROVISIONAL SERVICE IN THE DEPARTMENT**

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

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

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