

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 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> (Please indicate if experience is full-time. If part-time, include number of hours)	<u>Dates of Service</u>
Principal	276 <u>300 hours</u>	(12/01/2019 - 03/20/2021)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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