

**Commonwealth of Massachusetts Human Resources Division
2025 Fire Departmental Promotional Exam
Sole Assessment Center with Experience, Certification/Training and Education
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.

25 Year Promotional Preference: This form will serve as the primary source of verification and computation of a candidate's eligibility for this preference, and the original exam date will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent, Call and/or Temporary Firefighter after certification may be applied towards eligibility for this preference.

Candidate Name: _____ **Exam Date:** _____

Verifying Department: _____ **Exam Title:** _____

I. PERMANENT APPOINTMENT

Firefighter permanent appointment date: _____

List end date (if not current department): _____

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>
	(Please indicate if experience is full-time. If part-time, include number of hours)	
(Example 1: Cpt.)	FT	(12/01/2019 - 03/20/2021)
(Example 2: Lt.)	276	(01/01/2023 - 06/01/2024)
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. For the purposes of computation for the candidate's eligibility for promotional preference for 25 years, list any service as a Reserve/Intermittent or Call Firefighter. Please include service dates and number of hours worked: _____

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

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