

**Commonwealth of Massachusetts Human Resources Division  
2025 Fire Departmental Promotional Exam  
Sole Assessment Center with In-Title  
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 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.**

**Candidates who are claiming in-title credit:** This form will serve as the primary source of verification and computation of a candidate's in-title credit for a Sole Assessment Center with In-Title exam. **Time will be creditable only in the title of the exam and the original exam date will be the computation cut-off date.**

**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 a candidate's 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: \_\_\_\_\_

\_\_\_\_\_

Reserve/Intermittent or Call Firefighter. Please include service dates and number of hours worked:

\_\_\_\_\_

\_\_\_\_\_

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

**Rank**

**Hours**

**Dates of Service**

(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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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