Commonwealth of Massachusetts Human Resources Division (HRD) 2025 Medford Police Captain Sole Assessment Center Examination Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. This form must be submitted no later than 7 calendar days after the exam with a deadline of **February 8**, **2025**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than **February 8**, **2025**. <u>Applicants who are claiming the 25-Year</u> <u>Promotional Preference</u>: This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of **February 1**, **2025** will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Police Officer or a Temporary Police Officer after certification may be applied toward one's eligibility for this preference. Service as a Student Officer, before successful completion of an approved academy, does not count towards meeting this preference. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification.

Name of Applicant:	Last 4 digits of Social Security #:
Verifying Department:	
I. PERMANENT SERVICE	
List Date of Original Permanent Application Applicatio	ppointment:Title:
List Dates and Reasons for any bre	eaks in service:
U BROMOTIONS WITHIN DI	EDADTMENT (I : A Dates of Dromotions and Darle).
	EPARTMENT (List Dates of Promotions and Rank): nk: Date of Promotion:
<u></u>	
	PROVISIONAL, RESERVE/INTERMITTENT SERVICE IN THE
DEPARTMENT. (Examples)	PROVISIONAL, RESERVE/INTERMITTENT SERVICE IN THE s: Provisional Captain, Temporary Captain, etc.)
	PROVISIONAL, RESERVE/INTERMITTENT SERVICE IN THE

IV. For the purpose of computing the applicant's eligibility for the 25-Year Promotional Preference, list any service as a Reserve/Intermittent or Temporary Police Officer after certification. Please include service dates and number of hours worked:

Print Name of Appointing Authority (or designee): Title of Designee: ______

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