

**Commonwealth of Massachusetts Human Resources Division
2025 Police 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 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 or Temporary Police Officer after certification may be applied towards eligibility for this preference. Service as a Student Officer does not count towards meeting this preference.

Candidate Name: _____

Exam Date: _____

Verifying Department: _____

Exam Title: _____

I. PERMANENT APPOINTMENT

Police Officer 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 Temporary Police Officer after certification. 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)

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

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