

**Commonwealth of Massachusetts- Human Resources Division
2025 Promotional Exam- Outside Supervisor Experience Form**

Instructions: An Owner/Supervisor/Manager (or designee) must sign and date this form, certifying the information provided is complete and accurate. Attach additional paperwork if necessary. This form and any supporting documentation must be scanned and attached to the Experience, Certification/Training and Education (E&E/ECT&E) application or sent to civilservice@mass.gov no later than seven calendar days following the written exam date.

(To be filled out by candidate)

Candidate Name: _____

Exam Date: _____ **Exam Title:** _____

Company Name: _____

Dates of Employment (Month, Day, and Year):

Start Date of Employment: _____ End Date of Employment: _____

Full or Part-Time Employment:

If your employment was/is full-time, you only need to write "Full-time". If your employment was/is part-time (PT), you must indicate how many actual hours were worked or the number of hours worked per week. This will be calculated under the prorated, part-time calculation (172 hours/month).

Full or Part-Time Employment: _____ For PT Employment, List Total Hours Worked: _____

Official Duties of Employment: (To be filled out by employer)

List supervisory responsibility with official duties or attach the job description. Duties can include supervising staff; enforcing policies and procedures, monitoring employee productivity, providing feedback, setting performance goals, and implementing employee corrective measures, etc.

Official Duties:

Print Name and Title of Supervisor/Manager (or designee): _____

Signature of Supervisor/Manager (or designee): _____

Tax ID Number: _____ **Date:** _____