

Commonwealth of Massachusetts Human Resources Division
2026 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.

Note: Some sections of this form may not apply to every department.

Candidate Name: _____

Exam Date: _____

Verifying Department: _____

Exam Title: _____

I. PERMANENT APPOINTMENT

Entry-Level 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 SERVICE IN EXAMINATION TITLE ONLY

<u>Acting Title</u>	<u>PT (list hours) or FT</u>	<u>Dates of Service</u>
_____	_____	_____

IV. TEMPORARY (AFTER CERTIFICATION) OR PROVISIONAL SERVICE IN THE DEPARTMENT

<u>Temporary or Provisional</u>	<u>Rank</u>	<u>PT (list hours) or FT</u>	<u>Dates of Service</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. For the purposes of computation for the candidate's eligibility for 25-year promotional preference, list any service as a Reserve/Intermittent or Call Firefighter. Service dates and total number of hours worked must be included:

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