

**Commonwealth of Massachusetts Human Resources Division  
2026 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 scanned and attached to the Experience, Certification/Training and Education (ECT&E) application or sent to [civilservice@mass.gov](mailto: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**

**Rank**

**Date of Promotion**

_____	_____
_____	_____
_____	_____
_____	_____

**III. ACTING SERVICE IN EXAMINATION TITLE ONLY**

**Acting Title**

**PT (list hours) or FT**

**Dates of Service**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:**\_\_\_\_\_