

Commonwealth of Massachusetts- Human Resources Division
2026 Promotional Exam- Private Company Experience Form

Instructions: An Owner/Supervisor/Manager 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 exam date.

(To be filled out by candidate)

Candidate Name: _____

Exam Date: ____ / ____ / ____ **Exam Title:** _____

Outside Employment Information:

Company Name: _____ **Position:** _____

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

Start Date of Employment: ____ / ____ / ____ End Date of Employment: ____ / ____ / ____

Full or Part-Time Employment:

Please indicate if your experience was full-time (FT) or part-time (PT). If your employment was part-time (PT), you must indicate how many total hours worked. 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.

Print Name and Title of Supervisor/Manager/Owner: _____

Signature of Supervisor/Manager/Owner: _____

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