Commonwealth of Massachusetts Human Resources Division
2027 Police Departmental Promotional Exam
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 and Education (E&E) application or sent to civilservice@mass.gov no later than seven calendar days following the exam date**.** **Acting time will only be creditable in the title of the exam.**

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

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: _____

_____

_____

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
_____	_____	_____

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

Temporary or Provisional	Rank	PT (list hours) or FT	Dates of Service
_____	_____	_____	_____
_____	_____	_____	_____

V. RESERVE/INTERMITTENT OR TEMPORARY POLICE OFFICER SERVICE IN THE DEPARTMENT

*Note: Do not include Service as a Student Officer

Reserve/Intermittent or Temporary Police Officer	**PT (list hours) or FT**	**Dates of Service**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature of Appointing Authority (or designee): _____

Date: _____