## Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Danvers Deputy Fire Chief Sole Assessment Center Examination Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) must sign and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. This form must be submitted no later than 7 calendar days after the exam with a deadline of July 7, 2020. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than July 7, 2020. Applicants who are claiming the 25-Year Promotional Preference: This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of June 30, 2020 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward one's eligibility for this preference. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification.

Name of Applicant:	Last 4 digits of Social Security #:	
	Exam Title:	
PERMANENT SERVICE		
List Date of Original Permanent Appointment:		Title:
	aks in service:	
I. PROMOTIONS WITHIN DE Rai	EPARTMENT (List Dates of Pron	notions and Rank): f Promotion:
	T, TEMPORARY, PROVISIONA PARTMENT. (Examples: Provision	
Rank:	Total # of Hours:  (Within specified Service Timeframe.  If full-time, enter "FT". If part-time,	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	include total amount & the word "Hrs".)  FT  ————	(12/1/2015–03/20/2016)
S) List Service From June 30, 20	08 To June 30, 2015.	
Rank:	Total # of Hours:  (Within specified Service Timeframe.  If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	Dates of Service Timeframe: (From – To)
(Example: Temp Captain	FT ———	(12/12/2009 – 9/1/2010)
· •	applicant's eligibility for the 25-Y	Temporary Firefighter after certification ear Promotional Preference. Please
Print Name of Appointing Autho	rity (or designee): Title of Designee:	
Signature of Appointing Authori		Data