

**Commonwealth of Massachusetts Human Resources Division (HRD)  
Correctional Program Officer Promotional Exams  
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 **February 22, 2020**. Supporting documentation must be scanned and attached to your application or sent to [civilservice@mass.gov](mailto:civilservice@mass.gov) no later than **February 22, 2020**. This Form will serve as the primary source of verification and computation of an applicant's eligibility and the exam date of **February 15, 2020** will be the computation cut-off date. Time worked as a Provisional or a Temporary Correctional Program Officer after certification may be applied toward one's eligibility. 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:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Verifying Department:** \_\_\_\_\_ **Exam Title:** \_\_\_\_\_

**I. PERMANENT SERVICE**

List Date of Original Permanent Appointment: \_\_\_\_\_ Title: \_\_\_\_\_  
List Dates and Reasons for any breaks in service: \_\_\_\_\_  
\_\_\_\_\_

**II. PROMOTIONS WITHIN DEPARTMENT (List Dates of Promotions and Rank):**

| <u>Rank:</u> | <u>Date of Promotion:</u> |
|--------------|---------------------------|
| _____        | _____                     |
| _____        | _____                     |
| _____        | _____                     |
| _____        | _____                     |

**III. TEMPORARY AFTER CERTIFICATION, PROVISIONAL SERVICE OR OTHER EXPERIENCE IN THE DEPARTMENT.** (Examples: Provisional Correctional Program Officer C, etc.)

**A) List Service From February 15, 2015 To February 15, 2020.**

| <u>Rank:</u>          | <u>Total # of Shifts/Hrs:</u><br>(Within specified Service Timeframe.<br>If full-time, enter "FT". If part-time,<br>include the word "Hrs".) | <u>Dates of Service Timeframe:</u><br>(From – To) |
|-----------------------|--|---|
| (Example: Temp CPO D) | FT   | 12/1/2016–03/20/2018)                             |
| _____                 | _____  | _____   |
| _____                 | _____  | _____   |
| _____                 | _____  | _____   |

**B) List Service From February 15, 2008 To February 15, 2015.**

| <u>Rank:</u>                 | <u>Total # of Shifts/Hrs:</u><br>(Within specified Service Timeframe.<br>If full-time, enter "FT". If part-time,<br>include the word "Hrs".) | <u>Dates of Service Timeframe:</u><br>(From – To) |
|------------------------------|--|---|
| (Example: Provisional CPO C) | 2080 hrs.  | 12/12/2008 – 9/1/2011)                            |
| _____                        | _____  | _____   |
| _____                        | _____  | _____   |
| _____                        | _____  | _____   |

**Print Name of Appointing Authority (or designee):** \_\_\_\_\_  
**Title of Designee:** \_\_\_\_\_

**Signature of Appointing Authority (or designee):** \_\_\_\_\_ **Date:** \_\_\_\_\_