Commonwealth of Massachusetts Human Resources Division (HRD) **Deputy Fire Chief, and District Fire Chief 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 May 26, 2018. Supporting documentation must be scanned and attached to your application or sent to civilservice@state.ma.us no later than May 26, 2018. 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 May 19, 2018 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 #:
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): Date of Promotion: Rank:

III. RESERVE/INTERMITTENT, TEMPORARY, PROVISIONAL SERVICE OR OTHER

EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Deputy Chief, etc.)

A) List Service From May 19, 2013 To May 19, 2018.

	<u>Rank:</u>		Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time,	Dates of Service Timeframe: (From – To)	
	(Example:	Temp Deputy Chief	include amount & the word "Hrs".) FT	(12/1/2013-03/20/2015)	
B) List	Service Fro	m May 19, 2006 To	May 19, 2013.		
	<u>Rank:</u>		Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".)	Dates of Service Timeframe: (From – To)	
	(Example:	Provisional Captain	,	(7/12/2006 – 9/1/2008)	
for the	purpose of	computing the appl		Temporary Firefighter after certification lear Promotional Preference. Please	

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

Signature of Appointing Authority (or designee): Date: