## Commonwealth of Massachusetts Human Resources Division (HRD) 2020 District & Deputy Fire Chief Statewide 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 28, 2020. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than July 28, 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 May 16, 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. Acting time will be creditable only in the title of the exam.

Name of Applicant:	Last 4 digits of Social Security #:	
Verifying Department:	Exam Title:	
I. PERMANENT SERVICE List Date of Original Permanent Apportunity List Dates and Reasons for any breaks	ointment:s in service:	_Title:
II. PROMOTIONS WITHIN DEPARABLE	`	Promotion:
III. RESERVE/INTERMITTENT, EXPERIENCE IN THE DEPA A) List Service From May 16, 2015	<b>ARTMENT.</b> (Examples: Provision	L SERVICE OR OTHER al Captain, Temporary Captain, etc.)
Rank:	Total # of Hours:  (Within specified Service Timeframe.  If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	FT	(12/1/2017–03/20/2018)
B) List Service From May 16, 2008	To May 16, 2015.	
Rank:	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Temp Captain	FT ————	(12/12/2010 – 9/1/2012)
C) List service prior to May 16, 200 for the purpose of computing the apinclude service dates and number o	oplicant's eligibility for the 25-Ye	
Print Name of Appointing Authorit	y (or designee): Title of Designee:	

**Date:** \_\_\_\_\_

**Signature of Appointing Authority (or designee):**