

**Commonwealth of Massachusetts Human Resources Division (HRD)
 Correctional Officer III Promotional Exam
 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 **November 14, 2020**. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than **November 14, 2020**. This Form will serve as the primary source of verification and computation of an applicant's eligibility and the exam date of **November 7, 2020** will be the computation cut-off date. Time worked as a Provisional or a Temporary Correctional Officer III 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 Correction Officer III, etc.)

A) List Service From November 7, 2008 To November 7, 2020.

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From – To)</small>
(Example: Temp CO III)	FT	12/1/2014–03/20/2016)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B) List Service From November 7, 2000 To November 7, 2008.

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From – To)</small>
(Example: Provisional CO III)	2080 hrs.	12/12/2006 – 9/1/2008)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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