

**Commonwealth of Massachusetts Human Resources Division (HRD)
2020 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 **October 21, 2020**. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than **October 21, 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 **October 14, 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 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. RESERVE/INTERMITTENT, TEMPORARY, PROVISIONAL SERVICE OR OTHER EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Captain, Temporary Captain, etc.)

A) List Service From October 14, 2015 To October 14, 2020.

<u>Rank:</u>	<u>Total # of Hours:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From – To)</small>
(Example: Temp Fire Chief)	FT	(12/1/2017–03/20/2018)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B) List Service From October 14, 2008 To October 14, 2015.

<u>Rank:</u>	<u>Total # of Hours:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From – To)</small>
(Example: Temp Fire Chief)	FT	(12/12/2010 – 9/1/2012)
_____	_____	_____
_____	_____	_____
_____	_____	_____

C) List service prior to October 14, 2008, as a Reserve/Intermittent or Temporary Firefighter after certification, for the purpose of computing the applicant's eligibility for the 25-Year Promotional Preference. Please include service dates and number of hours worked: _____

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

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