Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Ludlow Police Chief Sole Assessment Center Examination In Title Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> 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 March 26, 2020. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@mass.gov</u> no later than March 26, 2020. <u>Applicants who are claiming in title credit:</u> This form will serve as the primary source of verification and computation of an applicant's in title credit. Time will be creditable only in the title of the exam. <u>Applicants who are claiming the 25-Year Promotional Preference</u>: 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 March 19, 2020 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Police Officer or a Temporary Police Officer 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 Appo List Dates and Reasons for any breaks		
II. PROMOTIONS WITHIN DEPA Rank:		Promotion:
III. RESERVE/INTERMITTENT, EXPERIENCE IN THE DEPA A) List Service From March 19, 201	RTMENT. (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	(12/1/2014–03/20/2016)
B) List Service From March 19, 200	8 To March 19, 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	(12/12/2008 – 9/1/2009)
C) List service prior to March 19, 20 certification, for the purpose of com Please include service dates and num	puting the applicant's eligibility	for the 25-Year Promotional Preference
Print Name of Appointing Authority	y (or designee): Title of Designee:	
Signature of Appointing Authority (or designee):	Date: