PROMOTIONAL ELIGIBILITY FORM

EXAM TITLE: _____ **EXAM DATE:** _____

MUNICIPALITY: _____ **DEPARTMENT:** _____

BY TYPING MY NAME BELOW, I CONFIRM THAT THE INFORMATION INCLUDED ON THIS FORM IS ACCURATE AND MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

(Completed form must be attached to the requisition for this examination title. Please email Civilservice@mass.gov with any questions)

APPLICANT'S NAME (LIST IN ALPHABETICAL ORDER)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	PERMANENT TITLE ON EXAM DATE	DATE OF ENTRY TO PERMANENT TITLE*

*Date employee started performing duties of the job (Police Academy time does not count for eligibility purposes)

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