

## 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](mailto: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)

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*