

PROMOTIONAL ELIGIBILITY FORM



EXAM TITLE: _____

EXAM DATE: _____

MUNICIPALITY: _____

DEPARTMENT: _____

APPLICANT'S NAME (LIST IN ALPHABETICAL ORDER)	LAST 4 DIGITS OF SOCIAL SECURITY #	PERMANENT TITLE ON EXAM DATE	*DATE OF ENTRY TO PERMANENT TITLE	**DATE FIRST CERTIFIED TO PERMANENT TITLE (PERM OR TEMP)

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

**Only complete this column if Date of Entry to Permanent Title is less than the required eligibility (1YP/3YP) prior to Exam Date; if this column is to be completed, provide the date that the applicant's name first appeared on a certification for Permanent or Temporary promotion in his/her Permanent Title, regardless of whether that certification resulted in the applicant's promotion to such title.

I HEREBY DECLARE THAT THE INFORMATION INCLUDED ON THIS FORM IS TRUE AND CORRECT AND MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE: _____ TITLE: _____ DATE: _____

Completed form must be attached to the requisition for this examination title.

Revised 04/18/24

Please email Civilservice@mass.gov with any questions