Commonwealth of Massachusetts Human Resources Division (HRD) 2020 Weymouth Police Captain Sole Assessment Center Examination In Title 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 30, 2020. Supporting documentation must be scanned and attached to your application or sent to civilservice@mass.gov no later than October 30, 2020. Applicants who are claiming in title credit: 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. 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 23, 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:		
I. PERMANENT SERVICE List Date of Original Permanent Apportunity List Dates and Reasons for any breaks	ointment:s in service:	Title:
II. PROMOTIONS WITHIN DEPARANK:	`	otions and Rank): Promotion:
III. RESERVE/INTERMITTENT, EXPERIENCE IN THE DEPA A) List Service From October 23, 20	RTMENT. (Examples: Provision	L SERVICE OR OTHER oal Captain, Temporary Captain, etc.)
Rank: (Example: Temp Captain	Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include total amount & the word "Hrs".) FT	<u>Dates of Service Timeframe:</u> (From – To) (12/1/2017–03/20/2018)
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B) List Service From October 23, 20		D
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	(12/12/2011 - 9/1/2012)
	puting the applicant's eligibility	or Temporary Police Officer after of for the 25-Year Promotional Preference
Print Name of Appointing Authorit	y (or designee): Title of Designee:	
Signature of Appointing Authority (or designee):		Date: