

**Commonwealth of Massachusetts Human Resources Division (HRD)  
 Correctional Officer III Promotional Exam  
 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 **May 26, 2018**. Supporting documentation must be scanned and attached to your application or sent to [civilservice@state.ma.us](mailto:civilservice@state.ma.us) no later than **May 26, 2018**. This Form will serve as the primary source of verification and computation of an applicant's eligibility and the exam date of **May 19, 2018** will be the computation cut-off date. Time worked as a Provisional or a Temporary Correctional Officer III after certification may be applied toward one's eligibility. 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:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Verifying Department:** \_\_\_\_\_ **Exam Title:** \_\_\_\_\_

**I. PERMANENT SERVICE**

List Date of Original Permanent Appointment: \_\_\_\_\_ Title: \_\_\_\_\_  
 List Dates and Reasons for any breaks in service: \_\_\_\_\_  
 \_\_\_\_\_

**II. PROMOTIONS WITHIN DEPARTMENT (List Dates of Promotions and Rank):**

<u>Rank:</u>	<u>Date of Promotion:</u>
_____	_____
_____	_____
_____	_____
_____	_____

**III. TEMPORARY AFTER CERTIFICATION, PROVISIONAL SERVICE OR OTHER EXPERIENCE IN THE DEPARTMENT. (Examples: Provisional Correction Officer III, etc.)**

**A) List Service From May 19, 2013 To May 19, 2018.**

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From - To)</small>
(Example: Temp CO III)	FT	12/1/2014-03/20/2016)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B) List Service From May 19, 2006 To May 19, 2013.**

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> <small>(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Hrs".)</small>	<u>Dates of Service Timeframe:</u> <small>(From - To)</small>
(Example: Provisional CO III)	2080 hrs.	12/12/2006 - 9/1/2009)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Print Name of Appointing Authority (or designee):** \_\_\_\_\_  
**Title of Designee:** \_\_\_\_\_

**Signature of Appointing Authority (or designee):** \_\_\_\_\_ **Date:** \_\_\_\_\_