The Commonwealth of Massachusetts Human Resources Division, Civil Service Unit One Ashburton Place Boston, MA 02108 Telephone (617) 727-3777
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Entrance Requirement Verification Form (Form 527)

Municipal or State Department:					
Job Title:	bb Title: Certification Number:				
(ConTest job titles do not require a certification number) <u>Directions:</u> The applicant is responsible for completing PART A of this form.					
2) The appointing authority is re					
PART A: To be completed b	y the applic	<u>ant</u>			
Personal Information:					
Name:					
Residential Address:			_ Apt. #	P.O. Box	
City:			State:	Zip:	
Daytime Phone: ()			E-Mail:		
Social Security Number:	-		_ Date of Birth:		
I certify under pain and penalty of I meet those entrance requirement			e requirements estab	lished for the above title, and that	
Experience:					
Include dates, places of employm	ent, number o	f hours per week and i	f you performed supe	ervisory experience (if required).	
Educational Substitutions :	Graduate?	Please check one.	List course or majo	r:	
High School	Yes	No	Course:		
Associate Degree	Yes	No	Major: _		
Bachelor's Degree	Yes	No	Major: _		
Graduate Degree	Yes	No	Major: _		
Non-degree: Number of Semes	ster Hours:		Major: _		
Business or Trade School Name	e:				
Did you receive a certificate from	this school?	Yes	No (Other:	
License/Registration/Certification	on: Indicate ti	he name and class o	f license, registration	on or certificate:	
License Number	Date of Fir	st License(Month/Day/\	rear) Date of L	atest Renewal (Month/Day/Year)	
Issuing Authority or Agency:	ing Authority or Agency: Location of Issuance:				
Signature of Applicant:				Date:	
PART B: To be completed by	the Appoin	nting Authority:			
Please (indicate if the applicant	t meets or doe	s not meet the minimu	ım entrance requirem	nents established for the position.	
I swear, under the pains and pena	alties of perjury	, that I have reviewed	the qualifications of	this applicant and the entrance	
requirements established for the p	osition above	and that the applicant	meets \square does not n	neet \square the entrance requirements.	
If the above applicant is determine reasons for this determination:				Authority must state below	
I swear, under the pains and penaright to appeal.	alties of perjury	, that I have notified th	ne applicant in writing	g of this decision and of his or her	
Name of appointing authority:	,	int first and last name)			
	(please pri	int first and last name)			
Signature of appointing authority:				Date:	