

CERTIFICATION AND REPORT SUPPLEMENT

Newton

03705

AGENCY OR MUNICIPALITY

DEPARTMENTAL PROMOTIONAL LIST

CERTIFICATION NUMBER

Newton Police Department

2/5/2018

DEPARTMENT

CERTIFICATION DATE

**THIS FORM MUST BE COMPLETED AND RETAINED WITH THE CERTIFICATION.**

Please enter on this form the name(s) of all individuals on the certification who indicated willingness to accept the appointment, regardless of your intention to appoint or not to appoint. The name(s) must be listed in the exact order in which they appear on the certification. This form should be retained with the original signed certification by the Appointing Authority and available to the Human Resources Division for audit purposes.

NAME OF CANDIDATE	SELECTED	NOT SELECTED
1. Spalding, William	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Walsh, Daniel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Apotheker, Bruce	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Your first appointment must be made from among the above names. (1-3 inclusive)		
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your second appointment must be made from among the above names. (1-5 inclusive)		
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your third appointment must be made from among the above names. (1-7 inclusive)		
8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your fourth appointment must be made from among the above names. (1-9 inclusive)		
10. _____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your fifth appointment must be made from among the above names. (1-11 inclusive)		
12. _____	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your sixth appointment must be made from among the above names. (1-13 inclusive)		
14. _____	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your seventh appointment must be made from among the above names. (1-15 inclusive)		
16. _____	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your eighth appointment must be made from among the above names. (1-17 inclusive)		
18. _____	<input type="checkbox"/>	<input type="checkbox"/>
19. _____	<input type="checkbox"/>	<input type="checkbox"/>
Your ninth appointment must be made from among the above names. 1-19 inclusive)		

  
 Signature of Appointing Authority

2/5/2018  
 Date