

Newton

 AGENCY OR MUNICIPALITY

DEPARTMENTAL PROMOTIONAL LIST

03703

 CERTIFICATION NUMBER

Newton Police Department

 DEPARTMENT

8/29/17

 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. <u>Cottens, Stephen</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <u>McNeil, Ronald</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <u>Devine, Daniel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Your first appointment must be made from among the above names. (1-3 inclusive)		
3. <u>Valente, Daniel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <u>Wade, Michael</u>	<input type="checkbox"/>	<input checked="" 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

9/15/17

 Date