

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to a passing score on their training and experience ratings. Points are awarded subject to the provisions of state law. To qualify for veteran's preference points you must:

1. have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty; AND
2. be a citizen of the United States or resident alien; OR
3. be the surviving spouse of a deceased veteran (as defined above) who died on active duty or as a result of active duty, or the spouse of a disabled veteran who because of the disability is not able to qualify; AND

The information you provide on this form, and required supporting documentation, will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award preference points without it.

YOU MUST SUPPLY A COPY OF YOUR DD 214 SHOWING CHARACTER OF SERVICE. DISABLED VETERANS MUST ALSO SUPPLY A COPY OF THE AWARD LETTER FROM THE VA.

SPOUSES AND SURVIVING SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY A COPY OF THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD 214, THE DISABILITY AWARD LETTER IF APPLICABLE, AND DEATH CERTIFICATE IF APPLICABLE.

ELECTION OF VETERAN'S PREFERENCE

Are you applying for veteran's preference points? YES NO

If you answered "Yes" the correct supporting documentation should be attached or must be received within 7 calendar days after the application deadline for this position.

Type of preference: VETERAN DISABLED VETERAN

MILITARY SERVICE INFORMATION

Veteran Status: VETERAN SPOUSE If Spouse, Veteran's name: _____

Remarried? YES NO

Branch of Service: _____ Period of Active Duty: _____

Type of Discharge: _____ Rank at Discharge: _____

Do you have a permanent, compensable service-connected disability? YES NO

ACKNOWLEDGEMENT

Signature: _____ Date: _____

Name: _____ Position Applied For: _____

Supporting documentation is: attached will be submitted within 7 days of the application deadline.