1 Courthouse Square, Suite 4200 Kissimmee, FL 34741 (407) 742-1226 FAX (407) 742-1201

VETERANS PREFERENCE ELIGIBILITY FORM

INSTRUCTIONS: Complete this form if you are claiming Veterans' preference. You must complete both pages of this form. Before being given a preference, you will be required to submit documentation in accordance with the provisions of Florida Law. Veterans' preference is only awarded to for selection procedures taken and passed, provided all required documentation is submitted to the Human Resources Department no later than three days after the position closing date. Preference will not be awarded retroactively.

APPLICANT INFORMA	ATION			
Name (Last, First, Middle)		E-mail Address:		
Position Applying for	r:			
Branch of Service:		Type of Discharge/Character of Service:		
Date of Entry:		Date of Discharge:		
Dates of Active Duty		Dates of Training		
From:	То:	From:	То:	
Does the Veteran have a service connected disability?		Y	es	No
If yes, is the service connected disability compensable?		Y	es	No
What is the percent	age of disability?			
Documentation you	will be submitting for consideration	n of Veterans' Prefe	rence:	

IMPORTANT NOTICE:

In accordance with Florida Law, preference in appointment, employment and promotion shall be given first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4, 5, 6 and 7 (as shown on the next page). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process, but does not require the employment of a preferred applicant over a non-preferred applicant who is more qualified for the position.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or as otherwise provided in Rule 55A-7.016, Florida Administrative Code.

Submission of this form and accompanied documentation does not constitute automatic eligibility for veterans' preference. Eligibility for veterans' preference is subject to verification of information and documentation provided.

WARTIME ERAS: for the purpose of determining veterans' preference, wartime era is limited to service during the following time periods:

- September 1, 2010 through present (Operation New Dawn)
- March 19, 2003 through present (Operation Iraqi Freedom)
- October 7, 2001 through present (Operation Enduring Freedom)
- August 2, 1990 through January 2, 1992 (Persian Gulf War)
- February 28, 1961 to May 7, 1975 (Vietnam Era)
- June 27, 1950 to January 31. 1955 (Korea Conflict)
- December 7, 1941 to December 31. 1946 (WVVII)
- April 6, 1917 to July 1. 1921 if one day of service was between 4/5/17 and 11/12/18 (WVVI)
- April 6, 1917 to April 1, 1920. if served in Russia (WVVI)
- April 6, 1917 to November 11. 1918 (WVVI)

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4 D D L L G	NIT WERRATION							
	ANT INFORMATION ast, First, Middle):	Position Applying for:						
riame (L	335, 11136, Wilderey.	T OSICION Appryring for:						
	F VETERANS' PREFERENCE CLAIMED							
	TIONS: Check the box below to indicate the type of pret box and provide the listed documentation.	eference you are claiming. Answ	ver all questions associated					
1)	 A veteran who served on active duty, received an honorable discharged and have established the present existence of a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense. 							
Required documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type and a document from the Department of Defense, the DVA. or the Department certifying that the veteran has a service-connected disability								
2)	2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.							
	Are you presently married to the veteran? Yes If No, have you remarried? Do not count marriages that we	No ere annulled. Yes	No					
Required documents: Spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form 00-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military Status, dates of service and discharge type. In addition, spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; and evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; and submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.								
active du power: si the time (of persons on active duty shall furnish a document from the ty is listed as missing in action, captured in line of duty, or fouch spouses shall also furnish evidence of marriage and a soft that application for employment. If the graph is a statement that you are still marriage this form will serve as statement that you are still marriage.	orcibly detained or interned in line of statement that the spouse is marri	of duty by a foreign government or ed to the person on active duty at					
3)	A veteran of any war who has served on active duty for one training, and who was discharged under honorable condition							
	d documents: A Department of Defense document, com ischarge papers, or equivalent certification from the DVA, lis							
4)	The un-remarried widow or widower of a veteran who died	of a service-connected disability.						
	Were you married to the veteran when he or she died? Have you remarried since the veteran's death? Do not co	Yes No unt marriages that were annulled.	Yes No					
Required documents: A document from the Department of Defense or the DVA certifying the service-connected death of the veteran, evidence of marriage and a statement that the spouse is not remarried.								
Note: Si	gning this form will serve as statement that you (the spouse)	is not remarried at the time of this	application.					
5)	The mother, father, legal guardian, or un-remarried widow died in the line of duty under combat-related conditions, as							
	Relationship to service member: Mother Father	r Legal Guardian U	In-remarried widow/widower					
Required documents: A document from the Department of Defense certifying the service-connected death of the veteran under combat-related conditions. In addition, the legal guardian shall provide proper court documents establishing the legal authority of Guardianship.								
6)	A veteran who served in active military, naval, or air servi conditions only or who received an upgraded discharge un		eased therefrom under honorable					
Required documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.								
7)	A current member of any reserve component of the United	States Armed Forces or the Florid	la National Guard.					

Required documents: Letter from Commanding Officer stating the dates of military service to establish service member is currently

active.

VETERANS PREFERENCE ELIGIBILITY FORM

APPLICANT INFORM	MATION							
Name (Last, First, Middle)			Position Applying for:					
SIGNATURE (require	ed):		I					
I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.								
is true, complete a	iiu correct to ti	ne best of my kno	wieuge and belief, a	and is made in good faith.				
Signature				Date				
BELOW FOR HUMAN RESOURCES USE ONLY								
		DELOW 10.	K HOWAIT RESCON	CLO GOL GIVE!				
Documentation Su	bmitted:	DD-214	Disability Letter	Other				
Preference Awarde	ed:							
5 points	10 points	15 points	Eligible but	no points system used	Ineligible			
Notes:								
Date Reviewed:			Reviewed by	<i>,</i> •				
Date Neviewed.			neviewed by	•				