

APPLICATION FOR VETERAN'S PREFERENCE

Applicants wishing to assert Veterans' Preference in employment must complete this form and return it with the completed employment application, **along with a copy of the DD214 form** or equivalent certification from the Department Veterans' Affairs.

Applicant Name: _____ Social Security #: _____

Veteran's Preference will be given to Florida residents who are eligible Veterans' and spouses of Veterans' in appointment.

I wish to assert Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category:

A veteran with a compensable service connected disability that is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.

A veteran of any war who has served one (1) day on active duty or more, and who was discharged or separated, under honorable condition from the Armed Forces of the United States of America if any part of such active duty was performed during wartime era. Active duty for training is not allowable.

- World War II December 7, 1941 to December 31, 1946
- Korean Conflict June 27, 1950 to January 31, 1955
- Vietnam Era August 5, 1964 to May 7, 1975
- Persian Gulf War August 2, 1990 to January 2, 1992
- **Operation Enduring Freedom** October 7, 2001 - Present
- **Operation Iraqi Freedom** March 19, 2003 - Present

The un-remarried widow or widower of a veteran who died of a service connected disability.

The spouse of a veteran unemployable due to total and permanent services connected disability or spouse of veteran missing in action, captured or forcibly detained by a foreign power.

A Veteran who has served in a campaign or expedition for which a qualified campaign badge has been authorized or any AFEM or the Global War on Terror Expeditionary Medal.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: _____ Discharge Date: _____

Branch of Service: _____

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

Applicant's Signature

Date

Should the position for which you are applying be filled by someone who does not qualify for Veterans' Preference and/or should you feel that proper consideration of the Veterans' Preference has not been provided to you, please contact the Seminole County Human Resources Department at 407-665-7945, 1101 East First Street, Sanford, FL 32771.

You also have the right to initiate an investigation by the Florida Department of Veterans' Affairs. You may do so by notifying the State of Florida, Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311K, Largo, FL 33778, within 21 calendar days from the date you received notice that you were not selected for the position. If a notice of hiring decision is not given, the applicant may file a complaint within three (3) months of the date the application is filed with the employer.

Veterans' Preference Status: **Qualified** **Disqualified** Initials _____