Kanabec SWCD Claim for Veteran’s Preference

ELIGIBILITY
A person who is eligible to receive a monthly veteran’s pension based on length of service will not qualify for preference. To qualify for preference in hiring, you must have been separated under honorable conditions from any branch of the armed services of the United States after having served on active duty for 181 consecutive days (90 days for Persian Gulf vets) or by reason of disability incurred while serving on active duty and be a United States citizen; or you must be the spouse of a deceased veteran, or be the spouse of a disabled veteran who because of such disability is unable to qualify or earn a living. To qualify for preference in promotion, you must be entitled to disability compensation for a permanent service connected disability rated at 50% or more, or be the spouse of a veteran who is rated 50% or more disabled and who because of such disability is unable to qualify or earn a living. Persons eligible for such preference may use it only for the first promotion after securing public employment. If you meet these eligibility requirements, complete this form and submit it with your employment application. YOU MUST TURN IN THIS FORM AND A COPY OF YOUR DD-214 IN ORDER TO CLAIM VETERAN’S PREFERENCE.

Name of Veteran _______________________________________________________________
Mailing Address _______________________________________________________________
City, State & Zip Code __________________________________________________________

Did the veteran serve on active military duty without interruption for 181 days or more (90 days if Persian Gulf era veteran)? _______________

Is the veteran a United States Citizen? Yes  No

Date of entry into service ____________________________  Branch ________________

Date of release from active duty ____________________________  If reserve unit, evidence of length of service.

Type of separation:     Honorable  Medical  Other

Are you now or are you eligible to receive a monthly veteran’s pension based on length of service?

Yes    No

Disability Claim Number: ____________________________________________

Percent of Service Connected Disability ________%

Currently existing? Yes  No  State Filed ____________________

SEE REVERSE SIDE FOR INFORMATION ABOUT SPOUSES OR VETERANS
I hereby claim veteran’s preference and affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Kanabec SWCD.

Signed: ____________________________________________  Date: / / /
VETERAN’S SPOUSES

For spouses of deceased veterans:
- Attach a marriage certificate, death certificate and DD-214.

Date of Death _________________________________

Have you remarried?  Yes   No

For spouses of disabled veterans:

Veteran’s present occupation _________________________________

Veteran’s total earnings from employment for the past 12 months $________________________