

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:

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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 \$ _____