## VETERANS' PREFERENCE APPLICATION



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 awarded for selection procedures taken and passed, providing this and all required documentation is completed and attached to job application. Preference will not be awarded retroactively. A list of required documentation can be found here.

| PERSON APPLYING FOR PREFERENCE   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Name (Last, First, Middle)   |  |  |  |  |  |  |  |  |  |
| Email Address:   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| VETERAN INFORMATION (to be provided by the person applying for preference)   |  |  |  |  |  |  |  |  |  |
| Veteran's Name (Last, First, Middle) exactly as it appears on Service Records)   |  |  |  |  |  |  |  |  |  |
| Branch of Service  | Type of Discharge/Character of Service |  |  |  |  |  |  |  |  |
| Veteran's periods of service   |  |  |  |  |  |  |  |  |  |
| Date of Entry:   | Date of Discharge:                     |  |  |  |  |  |  |  |  |
| Dates of Active Duty   | Dates of Training                      |  |  |  |  |  |  |  |  |
| From: To:  | From: To:                              |  |  |  |  |  |  |  |  |
| Does the Veteran have a service connected disability?  | 0                                      |  |  |  |  |  |  |  |  |
| If yes, is the service connected disability compensable?   | What is the percentage of disability?  |  |  |  |  |  |  |  |  |
| Documentation you will be submitting for consideration for Veterans' Preference:   |  |  |  |  |  |  |  |  |  |
| IMPORTANT NOTICE: In accordance with Florida law, preference in appointment, employment and promotion shall be given first to those persons included in categories 1 |  |  |  |  |  |  |  |  |  |

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.

The following positions are exempt from veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

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 (WWII)
- April 6, 1917 to July 1, 1921, if one day of service was between 4/5/17 and 11/12/18 (WWI)
- April 6, 1917 to April 1, 1920, if served in Russia (WWI)
- April 6, 1917 to November 11, 1918 (WWI)

| PERSON APPLYING FOR PREFERENCE  |  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
|---|--|-------------------------------------|---|-----------------------|---|------------------|------------------|-----------------|--------------------|---|--|
| Name (Last, First, Middle)  |  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
|   |  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
| TYP   | E OF VETE  | RANS' PREFEREN                      | NCE CLAIMED                                   |                       |   |                  |                  |                 |                    |   |  |
| Inst  | ructions:  | Check the box be documentation.     | elow to indicate the                          | type of preference    | you are claiming  | . Answer all q   | uestions asso    | ociated with th | at box and prov    | ide the required  |  |
| CAT   | EGORY/DO   | OCUMENTATION F                      | REQUIRED                                      |                       |   |                  |                  |                 |                    |   |  |
| •   | • (1) A veteran who served on active duty, received an honorable discharge and have established the present existence of a serve eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Defense.   |                                     |   |                       |   |                  |                  |                 |                    |   |  |
| <b>Required documents:</b> A Department of Defense document, commonly known equivalent certification from the DVA, listing military status, dates of service and Department certifying that the veteran has a service-connected disability. |  |                                     |   |                       | service and disc  |                  |                  |                 |                    |   |  |
| • (2) The spouse of a veteran who cannot qualify for em captured or forcibly detained by a foreign power.   |  |                                     |   | alify for employme    | apployment because of a total and permanent disability, or the spouse of a veteran missing in action, |                  |                  |                 |                    |   |  |
| Are you presently married to the veteran? ☐ Yes ☐ No If No, have you remarried? Do not count marriages that were annulled. ☐ Yes ☐ No   |  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
|   | <ul> <li>Spouses of disabled veterans: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or midischarge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type also a certific from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; 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; submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.</li> <li>Spouses of persons on active duty: A Department of Defense document or the DVA certifying that the person on active duty is listed as missi action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; and evidence of marriage and statement that the spouse is married to the person on active duty at the time of application for employment.</li> </ul> |                                     |   |                       |   |                  |                  |                 |                    | e also a certification the Department; and for employment; and a listed as missing in |  |
|   |  | * Signing this                      | form will serve as s                          | statement that you    | are still married to  | o the veteran a  | at the time of t | this applicatio | n.                 |   |  |
| •   |  |                                     | who has served conditions from the            |                       |   |                  | rtime period,    | excluding ac    | tive duty for tra  | ining, and who was  |  |
|   |  |                                     | epartment of Defens<br>ne DVA, listing milita |                       |   |                  | Member 4 Cop     | py recommen     | ded) or military ( | discharge papers, or  |  |
| •   | ☐ (4) The  | un-remarried wido                   | w or widower of a ve                          | eteran who died of    | a service-connec  | cted disability. |                  |                 |                    |   |  |
|   | Were you married to the veteran when he or she died? ☐ Yes ☐ No Have you remarried since the veteran's death? Do not count marriages that were annulled. ☐ Yes ☐ No  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
|   |  | documents: A Dethat the spouse is r |   | se document or the    | e DVA certifying t  | he service-cor   | nnected death    | n of the vetera | an, and evidence   | e of marriage and *a  |  |
|   | *Signing this form will serve as statement that you (the spouse) has not remarried at the time of this application.  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
| •   |  |                                     | gal guardian, or unr<br>verified by the Unit  |                       |   | ember of the l   | United States    | Armed Force     | s who died in th   | ne line of duty under   |  |
|   | Rela   | ationship to service                | member: Mother                                | r                     | ☐ Father  | ☐ Leç            | gal Guardian     | [               | Unremarried        | widow/widower   |  |
|   |  |                                     | epartment of Defens<br>de proper court docu   |                       |   |                  |                  | ran under cor   | nbat-related cor   | nditions. In addition,  |  |
| •   |  |                                     | in the active militar scharge under hono      |                       | rvice and who wa  | s discharged     | or released th   | herefrom und    | er honorable co    | nditions only or who  |  |
|   |  |                                     | epartment of Defens<br>ne DVA, listing milita |                       |   |                  | Member 4 Cop     | py recommen     | ded) or military   | discharge papers, or  |  |
| •   | ☐ (7) A cı   | urrent member of a                  | ny reserve compone                            | ent of the United S   | tates Armed Forc  | es or the Flori  | da National G    | luard.          |                    |   |  |
|   | Required   | documents: A lett                   | ter from Commandir                            | ng Officer stating th | ne dates of militar   | y service to es  | stablish servic  | e member is     | currently active.  |   |  |
| 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.                 |  |                                     |   |                       |   |                  |                  |                 |                    |   |  |
| 200   | . Jy Kilo  | Jugo una boller                     | , and to made in ge                           |                       |   |                  |                  |                 |                    |   |  |
| Cei   | rtification  | n Name                              |   |                       |   | Date             |                  |                 |                    |   |  |