APPLICATION FOR VETERAN'S PREFERENCE

Applicants wishing to assert Veterans' Preference in employment must complete this form and upload as an attachment to your employment application, **along with a copy of the DD214 form** or equivalent certification from the Veterans' Administration. Information provided on this form is maintained confidentially from your application in Human Resources; however, asserting Veteran's Preference is communicated to the hiring manager.

Applicant Name: _____ Social Security #: _____

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 on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since 1/31/55 and who was discharged or separated, with an honorable discharge 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
- **AFEM** — Receipt of an Armed Forces Expeditionary Medal
- **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 permanent services connected disability or spouse of veteran missing in action, captured or forcibly detained by a foreign power.

☐ Veteran in receipt of any Armed Forces 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 Division at 407-665-7944, 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, 9500 Bay Pines Blvd., St. Petersburg, Fl 33708, 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, a complaint may be filed at any time.

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

Form No. 0007 (Rev. Oct 2010)