



## CHILDREN'S SERVICES COUNCIL OF OKEECHOBEE

### VETERANS PREFERENCE ELIGIBILITY FORM

**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 only awarded to for selection procedures taken and passed, provided all required documentation is submitted to Children's Services Council of Okeechobee. Preference will not be awarded retroactively.

#### APPLICANT INFORMATION

Name (Last, First, Middle)	E-mail Address:
Position Applying for:	
Branch of Service:	Type of Discharge/Character of Service:
Date of Entry:	Date of Discharge:
Dates of Active Duty From: To:	Dates of Training From: To:
Does the Veteran have a service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the service connected disability compensable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the percentage of disability?	
Documentation you will be submitting for consideration of 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 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.

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

# VETERANS PREFERENCE ELIGIBILITY FORM

## APPLICANT INFORMATION

Name (Last, First, Middle):

Position Applying for:

## TYPE OF VETERANS' PREFERENCE CLAIMED

**INSTRUCTIONS:** Check the box below to indicate the type of preference you are claiming. Answer all questions associated with that box and provide the listed documentation.

- ☐ 1) A veteran who served on active duty, received an honorable discharge and have established the present existence of a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type and a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability

- ☐ 2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

Are you presently married to the veteran? ☐ Yes ☐ No  
If No, have you remarried? Do not count marriages that were annulled. ☐ Yes ☐ No

**Required documents:** Spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military Status, dates of service and discharge type. In addition, spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; and 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; and submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.

Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power: such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

Note: Signing this form will serve as statement that you are still married to the veteran at the time of the application.

- ☐ 3) A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

- ☐ 4) The un-remarried widow or widower of a veteran who died of a service-connected 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

**Required documents:** A document from the Department of Defense or the DVA certifying the service-connected death of the veteran, evidence of marriage and a statement that the spouse is not remarried.

Note: Signing this form will serve as statement that you (the spouse) is not remarried at the time of this application.

- ☐ 5) The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

Relationship to service member: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Un-remarried widow/widower

**Required documents:** A document from the Department of Defense certifying the service-connected death of the veteran under combat-related conditions. In addition, the legal guardian shall provide proper court documents establishing the legal authority of Guardianship.

- ☐ 6) A veteran who served in active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who received an upgraded discharge under honorable conditions.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

- ☐ 7) A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

**Required documents:** Letter from Commanding Officer stating the dates of military service to establish service member is currently active.

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## APPLICANT INFORMATION

Name (Last, First, Middle)

Position Applying for:

### SIGNATURE (required):

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.

Signature\_\_\_\_\_

Date\_\_\_\_\_