

APPLICATION FOR VETERAN'S PREFERENCE

{Complete this form only if you are claiming Veteran's Preference}

NOTE: A copy of your DD214, DD215 and/or other supporting documentation must be submitted.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. **You are not required to supply this information, but we cannot award veterans preference points without it.**

Eligibility: Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 197.447 and 197.455. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United State after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who, because of the disability, is not able to qualify.

Instructions:

Veteran: Supply a copy of your DD214 for DD215 stating the nature of discharge.
Disabled Veteran: Supply a copy of your DD214 or DD215 stating the nature of discharge and Form FL-802 or US Department of Veterans' Affairs (USDVA) letter of disability rating decision of 10% or more.
Spouse of deceased Veteran: Supply a copy of your marriage certificate, the veteran's DD214 or DD215, USDVA verification the veteran died on or as a result of active duty, a death certificate, verification of your marriage at the time of the veteran's death and verification that you have not remarried.

Date of death ____ / ____ / ____

Have you remarried? ☐ Yes ☐ No {If remarried, the spouse is not eligible}

Spouse of disabled Veteran: Supply a copy of your marriage certificate, the veteran's DD214 or DD215 and Form FL-802 or USDVA letter of disability rating decision of 10% or more.

Veterans present occupation: _____

Veterans total earnings from employment past 12 months \$ _____

Veteran's Information:

Name of veteran _____ Birthdate ____ / ____ / ____
Last Name First Name Middle Name Month/Day/Year

Address _____
Street Number City State Zip Code

Veteran: ☐ Self ☐ Spouse If spouse, veteran's name: _____

Type of preference requested: ☐ Veteran ☐ Disabled Veteran ☐ Spouse of veteran ☐ Spouse of disabled veteran

Did the veteran serve on active military duty without interruption for 181 days or more or qualify under M.S. 197.447?

☐ Yes ☐ No If reserve unit, submit evidence of 181 or more consecutive days of service.

Is the veteran a United States citizen? ☐ Yes ☐ No

Date of entry into service: ____ / ____ / ____ Branch: _____

Date of final discharge: ____ / ____ / ____ Rank at discharge: _____

Social Security or Service Number: _____

Type of discharge/separation: ☐ Honorable ☐ Medical ☐ Other _____

Do you have a compensable service-related disability? ☐ Yes ☐ No

Supporting documentation: ☐ Is attached ☐ Will be submitted within 7 days of application deadline

If you do not include the required documents with this application, be sure to include your name, and the position for which you are applying, when you do submit the documents. All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

Thank you for your military service and for your interest in employment with the NRHEG ISD 2168. Please contact our office at (507) 465-3205 or your local Veterans' Service Office if you have any questions regarding veterans' preference in public employment.

AFFIDAVIT: I hereby claim veteran's preference for this application and swear/affirm that the information on this document is true, complete and correct to the best of my knowledge. I hereby acknowledge it is my own responsibility to obtain the required Veteran's Preference verification documents and submit them to the NRHEG ISD 2168 in a timely manner.

SIGNATURE _____

DATE ____ / ____ / ____