

Veteran's Preference Application

(Please Print Plainly)

Instructions

Preference points are awarded, subject to the provisions of Minnesota Statutes 43A 11, to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. 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 States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty
- be a citizen of the United States or resident alien, or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify
- **not** be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 veteran's points without it.

Supporting Documentation

You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate and the veteran's DD214 or FL-802 or death certificate.

Your preference points application cannot be considered without supporting documentation. If documentation is not attached, it must be received in our office no later than seven calendar days after the application deadline for the position to guarantee that points are awarded in a timely manner.

If you supply the supporting documentation by separate mail, you must include your name and the position for which you are applying.

Applying for Veteran's Bonus Points?
 yes no

Supporting Documentation:
 is attached
 will be submitted within seven days of application deadline

Personal Information

Veteran's Name: _____
Last First Middle

self spouse

Branch of Service: _____ Service Number: _____

Dates of Active Duty: _____
From To:

Preference Requested
 Veteran
 Disabled Veteran
 Spouse of Disabled Veteran
 Spouse of Deceased Veteran

Rank at Discharge: _____ Type of Discharge: _____ Final Discharge Date: _____

Are you receiving or eligible for military pension? yes no

Do you have a compensable service-related disability? yes no