

CLAIM VETERANS' PREFERENCE FORM

Name:		
Address:		
City:	State:	Zip code:
Home phone:	Cell phone:	
Social Security Number:		
Position applied for:	Closing date:	

VETERAN (10 points): ("Member Copy 4" of DD214 or DD215 must be submitted to receive points).

Honorably discharged veteran? YES NO

DISABLED VETERAN (15 points): ("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

Percent of Disability: _____%

Have you ever been promoted within Le Sueur County employment? YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate, and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF DISABLED VETERAN (15 points): ("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability, the _____

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete, and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to Le Sueur County by the required application deadline.

Signature of Applicant: _____ Date: _____