

# Martin County Claim For Veteran's Preference

Title of job applying for \_\_\_\_\_

## Eligibility:

To qualify for preference you must have been 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 and be a United States citizen or resident alien; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who because of such disability is unable to qualify or earn a living.

Note: If you do not meet the eligibility requirements outlined above, do not complete this section.

Name of Veteran: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last Name First Name Middle Name Month Day Year

Did the veteran serve on active military duty without interruption for 181 days or more or for the full period called or ordered to active duty?  Yes  No

Is the veteran a U. S. Citizen or resident alien?  Yes  No

Date of entry into service \_\_\_\_\_ Branch \_\_\_\_\_

Date of release from active duty \_\_\_\_\_ If a reserve unit, submit documentary evidence of service of 181 or more consecutive days.

Type of separation:  Honorable  Medical (Attach D.D.214 form)  
 Honorable release from active duty and transfer to reserve  Other (attach D.D. 214 form)

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service?  Yes  No

A person who is eligible to receive a monthly veteran's preference based on length of service will not qualify for preference.

Disability claim number

Be sure this number is correct. If not available, put service serial number above the boxes provided.

Percent of service connected disability \_\_\_\_\_

Currently existing?  Yes  No

Date and amount of most recent disability payment \_\_\_\_\_  
 \$ \_\_\_\_\_ Mo. Day Yr.

State in which filed \_\_\_\_\_ If not Minnesota, have records since been transferred to Fort Snelling?  Yes  No  
 Where? \_\_\_\_\_

<p><b>For spouses of deceased veterans:</b></p> <p>Date of death _____ Have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>For spouses of disabled veterans:</b></p> <p>Veteran's present occupation _____</p> <p>Veteran's total earnings from employment for past 12 months \$ _____</p>
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I hereby claim veteran's preference and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to Martin County and its agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_