

PERSON APPLYING FOR PREFERENCE

VETERANS' PREFERENCE 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 awarded for selection procedures taken and passed, providing this and all required documentation is emailed to LeahMurphy@polktaxes.com Do not mail your documents to the Human Resources Office. Preference will not be awarded retroactively.

Name (Last, First, Middle)				
Email Address:				
VETERAN INFORMATION (to be provided by the person applying for	proforonool			
VETERAN INI ORMATION (to be provided by the person applying for	u elelelice)			
Veteran's Name (Last, First, Middle) exactly as it appears on Service Records)				
	T.			
Branch of Service	Type of Discharge/Character of Service			
Veteran's periods of service				
Date of Entry:	Date of Discharge:			
Dates of Active Duty	Dates of Training			
From: To:	From: To:			
Does the Veteran have a service connected disability? ☐ Yes ☐ No				
If yes, is the service connected disability compensable? ☐ Yes ☐ No	What is the percentage of disability?			
Documentation you will be submitting for consideration for Veterans' Prefe	rence:			
IMPORTANT NOTICE: In accordance with Florida law, preference in appointment, employment ar and 2 and second to those persons included under categories 3, 4, 5, employment requires that a preferred applicant be given special considerathe employment of a preferred applicant over a non-preferred applicant when	6 and 7 (as shown on the next page). Preference in appointment and ation each step of the employment selection process but does not require			
.a				

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.

The following positions are exempt from veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

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

Revised: 07/14

PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle)

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 required

documentation.

CA	TEGORY/DOCI	JMENTATION	REQUIRED						
•	eligible for or		ensation, disability retireme	n honorable discharge and ent or pension under public					
	equivalent ce	rtification from t		ment, commonly known as cus, dates of service and dis nnected disability.					
•	. , .	ouse of a vetera tained by a fore		nployment because of a tota	l and perman	ent disability, or tl	he spouse of a veto	eran missing in actior	n, captured
	•		ied to the veteran? ☐Yeied? Do not count marriag	_	Yes □No	0			
	Required do	cuments:							
•	papers, or eq Defense or th and a *stater	uivalent certific ne VA that the v ment that the sp	ation from the DVA, listing eteran is totally and perma	ense document, commonly the spouse's military status, nently disabled or an identif veteran at the time of the ed disability.	dates of ser	vice and discharg ssued by the Dep	ge type also a certi partment; and evid	ification from the Dep ence of marriage to t	partment of he veteran
•	captured in lir	ne of duty, or fo		of Defense document or the line of duty by a foreign go plication for employment.					
		* Signing this	s form will serve as stateme	ent that you are still married	to the vetera	an at the time of th	nis application.		
•				uty for one day or more duri ne United States of America		period, excluding	g active duty for tra	aining, and who was o	discharged
				ument, commonly known as us, dates of service and dis			by recommended)	or military discharge	papers, or
•	Were y	ou married to th	e veteran when he or she	who died of a service-conne died?]No		
	•	cuments: A D t the spouse is	•	ument or the DVA certifying	the service-	connected death	of the veteran, ar	nd evidence of marria	age and *a
		*Signing this	form will serve as stateme	nt that you (the spouse) has	s not remarrie	ed at the time of the	his application.		
•	` '	, ,	,	ed widow or widower of a r tes Department of Defense		ne United States	Armed Forces who	o died in the line of o	duty under
	Relatio	nship to service	e member: Mother	□ Father		Legal Guardian	□Uni	remarried widow/wido	ower
	•		•	ment certifying the service-cablishing the legal authority			under combat-rela	ated conditions. In ad	ddition, the
•	, ,		in the active military, naval, irge under honorable condi	or air service and who was	discharged	or released theref	from under honora	able conditions only o	r who later
	Required do equivalent ce	cuments: A D rtification from t	epartment of Defense docu he DVA, listing military stat	ument, commonly known as us, dates of service and dis	form DD-21 charge type.	4 (Member 4 Cop	by recommended)	or military discharge	papers, or
•			•	ne United States Armed For per stating the dates of milita				ntly active.	
	•		nd understood the rights f, and is made in good fai	expressed in this notice. th.	I certify that	at all information	provided is true,	, complete and corre	ect to the
Ce	rtification	Name			Date				