APPLICATION FOR VETERANS PREFERENCE POINTS

Eligibility: Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. 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 (as described above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify.

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 points without it.**

Instructions: **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, the Veteran's DD214and FL-802 or death certificate. If you do not include these documents with this application, be sure to include your name, and the name of 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.

Veterans preference application:

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

Address_____
Street Number or R.F.D. 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: _____

Service number: _____

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

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

FOR SPOUSES OF DECEASED VETERANS:	FOR SPOUSES OF DISABLED VETERANS:
Attached marriage certificate, death certificate and DD214 Form Date of death ___/___/____ Have you remarried? ☐Yes ☐ No	Veterans present occupation: _____ Veterans total earnings from employment past 12 months $ _____

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

I hereby claim veteran's preference for this application and swear/affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Lower Sioux Community.

SIGNATURE _____ DATE ___/___/____

SOCIAL SECURITY NUMBER __|__|__|__|__|__|__|__|__|