

PALM BEACH STATE
COLLEGE

Veterans' Preference Claim Form*

Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim (e.g. DD214 or equivalent certification from Department of Veterans' Affairs) must be furnished at the time of application.** Note that the Veterans' Preference in community colleges is not applicable to faculty and part-time positions.

- _____ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, **or**
- _____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, **or**
- _____ 3. A veteran of any war who has served on active duty for 1 or more days and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America if any part of such duty was performed during a wartime era. Active duty for training is not allowable, **or**
- _____ 4. The unmarried widow or widower of a veteran who died of a service connected disability.
- _____ 5. A service member who has been awarded the Armed Forces Expeditionary Medal. The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Have you claimed and been employed through veterans' preference since your release of active military service. Yes No **If yes, please give name of employer:** _____

A veteran employment preference shall be deemed to have expired after eligible person has applied and been employed by the State or any agency of a political subdivision of the State, including community colleges. Visit <http://www.floridavets.org/benefits/veteranspref.asp> for additional information.

I certify that I am entitled to veterans' preference for the reason checked above. I also understand that the Veterans' Claim Form and documentation of my military service must be submitted by the application closing date (if applicable), for the position for Position Number (BP#): _____

DATE

SIGNATURE OF APPLICANT

***Note:** Under Florida law preference in appointment and employment shall be given, by the state and its political subdivision, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, The Mary Grizzle Building, Suite 311K, 11351 Ulmerton Road, Largo, Florida 33778. A complaint shall be filed within 21 days from date of notice of no selection. A applicant claiming Veterans' Preference must be a Florida resident.