

VETERAN STATUS / VETERAN'S EMPLOYMENT PREFERENCE FORM

A veteran is defined as an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or in an auxiliary service of one of those branches.

Are you a veteran? Yes No *PEAEMPL Y*

You may be entitled to veteran's employment preference as established in the Veteran's Employment Preference Act (Senate Bill 646/Chapter 657, Government Code) if:

- As a veteran you were honorably discharged and you served in the armed forces for 90 consecutive days during a national emergency (from 1933 to present), or you served less than 90 consecutive days and were discharged due to a service-connected disability; OR
- You are an individual classified as a surviving spouse of a veteran and who has not remarried; OR
- You are an orphan of a veteran.

I do not qualify for Veteran's Employment Preference. (Please sign below.)

If you qualify for Veteran's Employment Preference complete the applicable information requested below.

VETERAN:

Date of enlistment: _____ Date of discharge: _____

(It is only necessary to provide information for one qualifying period.)

Indicate the branch in which you served:

- U. S. Army U. S. Air Force U. S. Coast Guard
 U. S. Navy U. S. Marines Auxiliary Services*

*If you served in the auxiliary services, provide name: _____

Were you honorably discharged? Yes No *PEAEMPL Y*

ORPHAN:

Was one of your parents a veteran who was killed while on active duty?

If so, have you been subsequently legally adopted? Yes No

Veteran's name: _____ Veteran's SSN: _____

**Submit a copy of your birth certificate and DD 1300 or death certificate of veteran. *PEAEMPL Q*

SURVIVING SPOUSE:

Are you a spouse of a veteran who was killed while on active duty and who has not remarried?
 Yes No

Veteran's name: _____ Veteran's SSN: _____

**Submit a copy of your birth certificate and DD 1300 or death certificate of veteran. *PEAEMPL W*

Individuals who are applying for employment preference under this act must submit a copy of the service discharge form (DD 214) or other separation documentation and, if applicable, DD 1300, death, birth and/or marriage certificates.

Name: _____ SSN: _____
(Please Print)

Signature: _____ Date: _____