

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?

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,
- July 15, 2003 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

Optional: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? ____Yes ____No

FOR OFFICE USE ONLY: _____V

ORPHAN:

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

If so have you been subsequently legally adopted? ____Yes ____No

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

** Submit a copy of your birth certificate and DD1300 or death certificate of veteran.

FOR OFFICE USE ONLY: _____O

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 marriage certificate and DD1300 or death certificate of veteran.

FOR OFFICE USE ONLY: _____W

Name: _____ SSN: _____.
(Please Print)

Signature: _____ Date: _____.

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 a DD 1300, death, birth and/or marriage certificates.