

# 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 veterans preference points, you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or be 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 defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT to be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 DD214 and 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 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**

Veteran: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ If spouse, veteran's name \_\_\_\_\_

Branch of Service \_\_\_\_\_ Dates of Active Duty: from \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

Are you receiving or eligible for a military pension? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Type of Preference requested: \_\_\_\_\_ Veteran \_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Spouse of veteran \_\_\_\_\_ Spouse of disabled veteran

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Supporting documentation:

\_\_\_\_\_ is attached

\_\_\_\_\_ will be submitted within seven (7) days of application deadline