

EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security No.: _____

Position(s) Applied for: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants haired by the district will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any nonpreferred applicant holding substantially equal qualifications.
2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and:

A veteran, if

1. You have been separated under honorable conditions; and
2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A disabled veteran, if

1. You have been separated under honorable conditions from active duty; and
2. You have an established Armed Forces, service-connected disability OR are receiving Compensation, disability retirement benefits, or pension from Veteran's Administration Or military department, OR you have received a Purple Heart.

A spouse of a disabled veteran if the veteran's disability prevents him/her from working.

An unremarried surviving spouse of a veteran or disabled veteran.

Mother of a veteran, if

1. THE VETERAN lost his/her life under honorable conditions while serving in the Armed Forces; OR THE VETERAN has a service-connected, permanent, and total disability; and
2. YOUR SPOUSE is totally and permanently disabled, OR you are the unremarried widow of the father of the veteran

3. Check the attachment you have included to document the preference request.

_____ DD-214 _____ Other

Signature

Date