



HUMAN RESOURCES DEPARTMENT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314
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VETERANS' PREFERENCE FORM

Complete ONLY if you are claiming Veterans' Preference.

Applicant's Name: _____

Overview: In order to claim Veterans' Preference, please check the appropriate box below. Documentation substantiating your claim must be furnished at the time of application. Per Florida Statutes, Chapter 295.07, Veterans' Preference points will be awarded on promotional exams only with regard to a veteran's first promotion after reinstatement or re-employment with the Town after active duty service.

****Proof is required to be submitted with this form in order to award the requested points****

Please select the category in which you are claiming preference:

1. _____ An honorably discharged veteran who has served on active duty and has a service-connected, compensable disability. (20 points)

2. _____ The spouse of a Veteran:
 - (a) Who has a total and permanent service-connected disability and cannot qualify for employment; or
 - (b) Who is missing in action, captured or forcibly detained or interned by a foreign government or power. (20 points)

3. _____ A person who is an honorably discharged veteran and has served at least one (1) day during wartime. (15 points)

4. _____ The un-remarried widow or widower of a Veteran who died of a service-connected disability. (15 points)

5. _____ A parent, legal guardian, or un-remarried widow or widower of a service member of the U.S.A.F. who died in the line of duty under verified combat-related conditions.
(15points)

6. _____ A person who is honorably-discharged veteran. (10 points)

7. _____ A current member of any reserve component of the U.S.A.F or the Florida National Guard. (10 points)

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint within twenty-one (21) calendar days after notice of a hiring decision being made. If no notice is given then the individual may file a complaint within three (3) months of the date the application is filed with the employer. An applicant who believes he or she was not afforded employment/retention preference may file a complaint with the Florida Department of Veterans' Affairs (FDVA). (FS 295.11)

For details, call the FDVA at (727) 319-7462.

I _____ (print name) certify that the information provided is complete and correct.

Applicant's Signature

Date

Veteran's Name (if different than applicant)

Date