



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.

Please select the category in which you are claiming preference:

1. _____ Disabled Veteran's who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the Department of Veterans Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense. (15 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability (dated within the past 12 months).

2. _____ The spouse of a Veteran:

(a) Who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or

(b) Who is missing in action, captured in the line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power. (10 points)

Required Proof: (a) Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a

statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability. (b) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in the line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

3. _____ A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph. (10 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge.

4. _____ The un-remarried widow or widower of a Veteran who died of a service-connected disability. (10 points)

Required Proof: Shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage.

5. _____ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense. (10 points)

Required Proof: Shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.

6. _____ A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions. (5 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing

military status, dates of service and Character of Discharge.

7. _____ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard. (5 points)

Required Proof: DMS is requiring that current reserve members and National Guard members provide a letter from their Commanding Officer stating the dates of their military service to establish that they are currently active.

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)