



# CITY OF MIAMI GARDENS APPLICATION FOR VETERANS' PREFERENCE

Claim for preference as a Veteran will be allowed in accordance with Florida Administration Code 55-A-7, Florida State Statute Chapter 1.01(14) and 295.07, and Chapter 2003-42 Laws of Florida.

**NOTICE TO APPLICANTS:** Applicants wishing to assert Veterans' Preference must complete the Application for Veterans' Preference and turn it in to the Human Resources Department with a copy of a DD214 form or equivalent certification from the U.S. Department of Veterans' Affairs, **at the time employment application is submitted.**

Completion of the Veterans' Preference Claim section below is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act.

I, \_\_\_\_\_, wish to assert Veterans' Preference under the following category.

- 1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability benefits, or pension under public laws administered by the Veterans' Affairs and/or the Department of Defense, **or**
- 2) The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or spouse of a veteran missing in action, captured in line of duty by hostile force, or forcibly detained or imprisoned in the line of duty by a foreign government or power, **or**
- 3) A veteran of any war who has served at least one day or more during a wartime era; and who was discharged or separated therefrom under honorable conditions from the Armed Forces. Active-duty for training is not allowable **or**
- 4) An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veterans' preference on their first promotion following reinstatement, **or**
- 5) The unremarried widow or widower of a veteran who died of a service-connected disability **or**
- 6) A veteran who has served in a campaign or expedition for which a campaign badge has been authorized (Armed Forces Expeditionary Metal or Global War on Terrorism Expeditionary Metal).

Documentation substantiating your claim must be submitted (DD form 214 or Letter from the Florida Department of Veterans' Affairs or Department of Defense indicating service-connected disability) **at the time of application.** In addition, applicants claiming categories 1, 2, or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. under the State of Florida Veterans' Preference law. Preference in appointment shall be given by the State of Florida political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, Florida 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

**Are you a resident of the State of Florida?**  Yes  No

IN THE STATE OF FLORIDA, HAVE YOU BEEN EMPLOYED BY A STATE UNIVERSITY, COMMUNITY COLLEGE, SCHOOL FOR THE DEAF AND BLIND, OR BY A POLITICAL SUBDIVISION (COUNTIES, CITIES, TOWNS, VILLAGES, SPECIAL TAX SCHOOL DISTRICTS SPECIAL ROAD AND BRIDGE DISTRICTS, AND ALL OTHER DISTRICTS)?  Yes  No

**If yes, please provide the following information:**

Name of the State and/or State political subdivision employer(s): \_\_\_\_\_

Date(s) of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Veterans' Preference applies only for the preferred applicant's initial employment by a covered employer. Previous employment with a government entity within the State of Florida will cause the veterans' preference to expire.**

**CERTIFICATION:** I hereby certify that all statements made on this form are true to the best of my knowledge. I understand that intentional misrepresentation of the claim for preference shall disqualify me from claiming veterans' preference, and if employed, subjects me to disciplinary action up to and including termination.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
DATE