PALM BEACH STATE COLLEGE

Veterans' Preference Claim Form*

Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim (e.g. DD214 or equivalent certification from Department of Veterans' Affairs) must be furnished at the time of application.** Note that the Veterans' Preference in community colleges is not applicable to faculty and part-time positions.

_____ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and 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 the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, **or**

_____ 3. A veteran of any war who has served on active duty for 1 or more days and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America if any part of such duty was performed during a wartime era. Active duty for training is not allowable, **or**

_____ 4. The unmarried widow or widower of a veteran who died of a service connected disability.

_____ 5. A service member who has been awarded the Armed Forces Expeditionary Medal. The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

_____	_____	_____
BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

Have you claimed and been employed through veterans' preference since your release of active military service. ☐ Yes ☐ No **If yes, please give name of employer:** _____

A veteran employment preference shall be deemed to have expired after eligible person has applied and been employed by the State or any agency of a political subdivision of the State, including community colleges. Visit http://www.floridavets.org/benefits/veteranspref.asp for additional information.

I certify that I am entitled to veterans' preference for the reason checked above. I also understand that the Veterans' Claim Form and documentation of my military service must be submitted by the application closing date (if applicable), for the position for Position Number (BP#): _____

_____	_____
DATE	SIGNATURE OF APPLICANT

***Note**: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivision, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. 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, The Mary Grizzle Building, Suite 311K, 11351 Ulmerton Road, Largo, Florida 33778. A complaint shall be filed within 21 days from date of notice of no selection. A applicant claiming Veterans' Preference must be a Florida resident.

Revised: May 2005