

## VETERAN'S EMPLOYMENT PREFERENCE FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
Job Title Position No.

Department Name: \_\_\_\_\_

To claim preference under the **Montana Veterans' Employment Preference Act**, complete the following. Providing the following 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 hired by the district will have this information placed in a separate confidential file.

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 scored 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.

To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if**
1. you have 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 included 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** receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department **OR** you have received a Purple Heart.

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

**The unremarried surviving spouse of a veteran or disabled veteran.**

**The mother of a veteran, if**

1. THE VETERAN died 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.

**In the box below, check the attachment you have included to document the preference request.**

DD-214

Other:

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_