

VETERAN STATUS/VETERAN'S EMPLOYMENT PREFERENCE FORM

A **veteran** is defined as an individual who served in the army, navy, air force, marine corps, or coast guard of the United States or in an auxiliary service of one of those branches.

Are you a veteran?

Yes No

You may be entitled to veteran's employment preference as established in the **Veteran's Employment Preference Act** (Senate Bill 646/Chapter 657, Government Code) if:

- **As a veteran** you were honorably discharged and
you served in the armed forces for 90 consecutive days during a national emergency (from 1933 to present), or
you served less than 90 consecutive days and were discharged due to a service-connected disability;
- You are an individual classified as a **surviving spouse** of a veteran and who has not remarried; OR
- **You are an orphan** of a veteran.

I do not qualify for Veteran's Employment Preference. (Please sign below.)

If you qualify for Veteran's Employment Preference complete the applicable information requested below.

VETERAN:

Date of enlistment: ____/____/____ Date of Discharge: ____/____/____ (It is only necessary to provide information for one qualifying period.)	FOR OFFICE USE ONLY <input type="checkbox"/> V
Indicate the branch in which you served: <input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Air Force <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> U. S. Navy <input type="checkbox"/> U.S. Marines <input type="checkbox"/> Auxiliary Services *	
*If you served in the auxiliary services, provide name: _____	
Were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Optional: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ORPHAN:

Was one of your parents a veteran who was killed while on active duty? <input type="checkbox"/> Yes** <input type="checkbox"/> No If so, have you been subsequently legally adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> O
Veteran's name: _____ Veteran's SSN: _____	

**Submit a copy of your birth certificate and DD 1300 or death certificate of veteran.

SURVIVING SPOUSE:

Are you a spouse of a veteran who was killed while on active duty and who has not remarried? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	<input type="checkbox"/> W
Veteran's name: _____ Veteran's SSN: _____	

**Submit a copy of your marriage certificate and DD 1300 or death certificate of veteran.

Name (Please print)	Social Security Number:
Signature:	Date:

Individuals who are applying for employment preference under this act must submit a copy of the service discharge form (DD 214) or other separation documentation and, if applicable, DD 1300, death, birth and/or marriage certificates.