Veteran's Preference

Complete this form only if you are a Veteran and are claiming Veteran's Preference

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. **Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (612) 348-3300.**

The City of Hanover awards preference points to qualified applicants for a competitive position in accordance with Minnesota Statutes. To be considered for veteran's preference, claims must be made on the form below and submitted with your application by the deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST) (FIRST) M				SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	HOME PHONE NUMBER	CELL PHONE NUMBER

ACTIVE DUTY INFORMATION

Have you served on active military duty without interruption
for 181 days or more or for the full period called, or ordered to active duty? ..... ☐ YES ☐ NO

Type of Separation..... ☐ Honorable ☐ Medical ☐ Other

FOR DISABLED VETERANS: *(Letter from VA of proof of disability must be submitted to receive points.)*

Percent of Disability: %
Permanent? ..... ☐ YES ☐ NO
Existing?..... ☐ YES ☐ NO

FOR SPOUSES OF DECEASED VETERANS: (NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: Have you remarried? ..... ☐ YES ☐ NO

FOR SPOUSES OF DISABLED VETERANS: *(NOTE: A PHOTOCOPY of marriage certificate and letter from VA of proof of disability must be submitted to receive points.)*

Spouse's Present Occupation:

AFFIDAVIT: ***I hereby claim Veteran's Preference for this application and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Hanover.***

_____ _____
Signature *Date*