

Veteran's Preference

Pursuant to [Minnesota Statute §43A.11](#), Veteran's Preference points will be added to the passing score of the qualified applicant. To qualify for Veteran's Preference, the following criteria must be met:

- Have separated under honorable conditions from any branch of the armed forces of the United States.
- Have served on active duty for 181 consecutive days or more or for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty.
- Be a United States citizen or resident alien.
- Not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service.

All Veteran's Preference applicants must supply the following documentation:

- **Veteran:**
 - A copy of the veteran's Form DD214 or other proof clearly stating the length of active service and type of discharge;
 - a completed Veteran's Preference Claim Form.
- **Disabled Veteran:**
 - A copy of the veteran's Form DD214 or other proof clearly stating the length of active service and type of discharge;
 - a copy of the letter from a service retirement board;
 - a completed Veteran's Preference Claim Form.
- **Spouse of Disabled Veteran:**
 - A copy of the veteran's Form DD214 or other proof clearly stating the length of active service and type of discharge;
 - a copy of the letter from a service retirement board;
 - a completed Veteran's Preference Claim Form.
- **Spouse of Deceased Veteran:**
 - A copy of the veteran's Form DD214 or other proof clearly stating the length of active service and type of discharge;
 - a completed Veteran's Preference Claim Form.

Updated

WILKIN COUNTY VETERAN'S PREFERENCE CLAIM FORM

FOR VETERAN'S ADMINISTRATION USE ONLY Is the veteran named below rated as having a compensable service-connected disability? Yes _____ No _____ % of disability _____ By _____ Date _____	FOR OFFICE USE ONLY ____5 Points OC ____10 Points OC ____5 Points PROM Approved by _____ Disapproved by _____ Reason _____
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ELIGIBILITY: To qualify for preference, a person must not be eligible to receive a monthly Veteran's pension based exclusively on length of service.

COMPETITIVE ELIGIBILITY: In order to be eligible for the benefits of the Veterans Preference Act, a person must:

1.) Have a discharge under honorable conditions from active military service as certified by the Secretary of Defense under Section 401 of Public Law 95-202.

OR

2.) Be a citizen of the United States or a resident alien

AND

Be separated under honorable conditions from any branch of the U.S. armed forces

AND

Have served on active duty for at least 181 consecutive days OR have been separated by reason of disability incurred while on active duty OR have met the minimum active duty requirements for eligibility for federal veterans benefits.

OR

3.) Be the spouse of a deceased veteran or the spouse of a disabled veteran who is unable to qualify due to disability.

PROMOTIONAL ELIGIBILITY: In order to be eligible for the benefits of the Veterans Preference Act, a person must: Be entitled to disability compensation for a permanent service connected disability rated at 50% or more (Persons eligible for such preference may use it only for the 1st promotion after securing public employment.)

NAME OF VETERAN (Last, First, Middle)

BIRTH DATE (Month, Day, Year)

NAME OF APPLICANT IF DIFFERENT THAN VETERAN (Last, First, Middle)

STREET ADDRESS

CITY

STATE

ZIP CODE

TITLE OF POSITION FOR WHICH YOU ARE APPLYING

TO BE COMPLETED BY VETERAN OR BY SPOUSE OR DECEASED VETERAN FOR HIM/HER

____ Yes ____ No Do you wish to claim Veteran's Preference? If so, attach a copy of DD214.

____ Yes ____ No Have you served on active duty in the United States military service for 181 consecutive days?

____ Yes ____ No Do you wish to claim Veteran's preference as a service-connected disabled veteran? If yes, what is the percent of disability? _____.

If so, attach a Veteran's administration ten point preference letter.

____ Yes ____ No Are you the spouse of a disabled or deceased veteran?

____ Yes ____ No Are you currently receiving a monthly pension benefit based exclusively on length of military service?

____ Yes ____ No Are you a United States citizen?

BRANCH OF SERVICE

DATE OF DISCHARGE

SERVICE NUMBER

TYPE OF SEPARATION

DATE OF ENTRY

I hereby claim Veteran's Preference for this examination and affirm that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to Wilkin County.

VETERAN'S CLAIM NUMBER (If Disabled Veteran)

STATE IN WHICH CLAIM IS FILED

SIGNATURE OF VETERAN

DATE

SOCIAL SECURITY NUMBER