

**VETERAN'S PREFERENCE FORM – COMPLETE ONLY IF APPLYING FOR
VETERAN'S PREFERENCE POINTS**

Personal Information	
Name:	(Last Name, First Name, MI)
Social Security Number:	
Street Address:	
City, State Zip:	
Phone Number:	
Email Address:	
Job(s) Applied For:	

Please call 612/673-2282 if you have any questions.

Complete the Veteran's Preference Form and upload it to your online application, or return the completed form no later than the application closing date of the position you are applying for to:

City of Minneapolis
 Human Resources Department
 250 South Fourth Street Room 100
 Minneapolis, MN 55415
 Email: human.resources@minneapolismn.gov
 Fax: 612/673-2508

<p>ELIGIBILITY REQUIREMENTS: To qualify for preference on a Competitive Examination, you must have been separated, under honorable conditions, from any branch of the armed forces of the United States after having served 181 consecutive days or by reason of disability incurred while on active duty and be a United States Citizen or resident alien. One may also be the spouse of a qualified, deceased veteran or the spouse of a disabled veteran where the veteran, because of a service-related disability, is unable to perform the job for which the spouse is applying. To qualify for preference on a Promotional Examination, you must be entitled to a disability compensation for a service-connected disability rated fifty (50%) percent or more. Persons who meet the criteria for qualifying for promotional Veteran's Preference may use it only for their first promotion after securing employment with the City of Minneapolis.</p>		
<p>NAME OF VETERAN (Last, First, Middle):</p>		<p>Veteran's Social Security Number:</p>
<p>TYPE OF SEPARATION: <input type="checkbox"/> Honorable <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify)</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did you serve on active military duty for 181 consecutive days or more in any branch of the U.S. Armed Forces?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you met the minimum active duty requirement as defined by 38 C.F.R. 3.12a?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have active military service that is certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions? (Reference: 38 U.S.C. 401)</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you ever been promoted while working for the City of Minneapolis and claimed Veteran's Preference?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you currently have a service-connected disability? Percentage of service-connected disability: _____% (Please submit USDVA letter of disability rating which includes the percentage)</p>	
<p>FOR SPOUSE OF DECEASED VETERAN</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were you the spouse of a veteran on the date of the veteran's death? (Please submit DD214, copy of marriage certificate, spouse's death certificate and proof that veteran died on or as a result of active duty). <i>You are ineligible to receive points if you have remarried or were divorced from the veteran.</i></p>	
<p>FOR SPOUSE OF DISABLED VETERAN</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Is your spouse unable to perform the job for which you are applying because of a service-related disability? (Please submit DD214, copy of marriage certificate, and USDVA letter of disability rating which includes the percentage)</p>	
<p>SIGNATURE AND DATE</p>		
<p>I hereby claim Veteran's Preference for this examination and swear/affirm that the information given on this document is true and correct.</p>		
<p>Signature</p>	<p>Printed Name</p>	<p>Date</p>

You must submit a photocopy of your DD214 which indicates type of separation no later than the application closing date of the position you are applying for.

For assistance in obtaining a copy of your DD214, contact Veterans' Service Office at (612) 348-3300.