

# CITY OF AVENTURA

## VETERAN'S EMPLOYMENT PREFERENCE FORM

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

### Military Service

Branch: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reserve or National Guard Status: \_\_\_\_\_

Have you ever been employed in a full time, permanent position by any state or any political subdivision of the state? Yes \_\_\_ No \_\_\_

If YES, give the name and address of employer:

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Do you claim Veteran's Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and chapter 295, Florida Statutes)?

- A. Based on active duty during a wartime period? Yes
- B. As a veteran with a compensable service-connected disability?  
(Documentation of disability must be dated within past 12 months) Yes
- C. As the un-remarried spouse of a veteran who was killed in action or who died of a service-connected disability? Yes
- D. As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes

### **YOU MUST SUBMIT CURRENT DOCUMENTATION OF YOUR VETERAN'S PREFERENCE STATUS WITH THIS APPLICATION.**

Documentation Includes: Department of Defense document, commonly known as form DD-214 or military discharge paper, or equivalent certification from Veteran's Affairs, listing military status, dates of service and discharge type (documentation must indicate entry date and discharge date). All documents must clearly indicate that they are copies of originals. If applicants claiming Veteran's Preference for vacant position(s), they may file a complaint with the Department of Veteran's Affairs, PO Box 31002, St. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision.