



Election of Veteran's Preference Form
(Minnesota Statute 43A.11)

Name: _____
(Please Print)

Are you eligible to claim veteran's preference?

Yes No (if "no" is marked, please stop here)

Do you wish to claim veteran's preference if you achieve a passing score?

Yes No

If yes, please check the preference you are claiming:

Veteran – defined as a U.S. citizen or resident alien who separated under honorable conditions, and
1. has served on active duty for at least 181 consecutive days, or
2. was discharged by reason of disability incurred while on active duty, or
3. has met active duty requirements as defined by the Code of Federal Regulations, or
4. has active military service certified under section 401, Public Law Number 95-202
In addition, you cannot be currently receiving a monthly veteran's pension based exclusively on length of service. **Attach a copy of your DD214 in order to receive 10 points.**

Disabled Veteran – defined as a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing. (Attach a copy of your DD214 and FL 802 (or an equivalent letter from a service retirement board) to receive 15 points.

Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD214 and the death certificate to receive 10 points.

Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD214 and FL802 (or an equivalent letter from a service retirement board) to receive 15 points.

AFFIDAVIT:

I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete, and the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Medina.

SIGNATURE: _____ **DATE:** _____