

Anoka County Veteran's Preference Form

In Accordance with Minnesota Statutes § 197.447

This form is to be completed and mailed, faxed or emailed **ALONG WITH AN ATTACHED COPY OF YOUR DD 214 or 215, and other relevant documents, by 4:30 p.m. on the closing date** of the position for which you are applying, to:

Anoka County Human Resources
2100 3rd Avenue, STE 261
Anoka, MN 55303-5030
FAX: (763) 323-5545
Email: rs-hr@co.anoka.mn.us

Claims not accompanied by proper documentation will not be processed. Applications for veteran's preference received after the indicated closing date will not be accepted.

To be completed by applicant (please print)

Position Title:		Posting Number:	
Name of Veteran:		Birth Date:	
Name of Applicant if different than Veteran			
Preference Requested:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Veteran-1st Promotion	<input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran – nondisabled <input type="checkbox"/> Spouse of Deceased Veteran – disabled	
1. <input type="checkbox"/> Yes Are you a U.S. Citizen or resident alien? <input type="checkbox"/> No			
2. <input type="checkbox"/> Yes Are you a disabled veteran? <input type="checkbox"/> No <i>If yes, is the percent of disability 10% or greater? _____</i> (Attach DD 214 or 215, and a copy of the disability rating form.)			
3. <input type="checkbox"/> Yes Are you a non-remarried spouse of a deceased veteran? <input type="checkbox"/> No <i>If yes, what is the date of spouse's death? _____</i> Was your spouse disabled and died on, or as a result of, active service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. <input type="checkbox"/> Yes Are you a spouse of a disabled veteran? <input type="checkbox"/> No <i>If yes, is the percent of spouse's disability 10% or greater? _____</i> (Attach DD 214 or 215, and a copy of the disability rating form.)			

I hereby claim Veteran's Preference for this recruitment opportunity and affirm that the information given on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Anoka County Human Resources Department.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY		
___5 Points OC	___10 Points OC	___5 Points PROM
Approved by _____		Disapproved by _____
Reason _____		