Hendry County BOCC Applicant Survey Form

Completion of this form is *OPTIONAL*. The following information will be used for Equal Employment Statistical information and identification purposes only. This form will be detached and not processed/provided with application form. It would be helpful if you provided the following information.

Name:		<u> </u>	
Pos	sitio	on Applied for: Date:	
Eth	nic	Background:	
		White	
		Black	
		Hispanic	
		Asian/Pacific Islander	
		American Indian/Alaskan Native	
		Other (Specify)	
Sex:			
		Male	
		Female	
Date of Birth:			
Marital Status:			
		Married	
		Single	
		Divorced	

APPLICATION FOR VETERAN'S PREFERENCE

communicated to the hiring manager. Applicant Name: Social Security #: _____ I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one) ☐ A veteran with a compensable service connected disability that is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense. ☐ A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since 1/31/55 and who was discharged or separated, with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during wartime era. Active duty for training is not allowable. World War II December 7, 1941 to December 31, 1946 Korean Conflict June 27, 1950 to January 31, 1955 Vietnam Era August 5, 1964 to May 7, 1975 Persian Gulf War August 2, 1990 to January 2, 1992 **AFEM** Receipt of an Armed Forces Expeditionary Medal Operation Enduring Freedom October 7, 2001 - Present Operation Iraqi Freedom March 19, 2003 - Present The un-remarried widow or widower of a veteran who died of a service connected disability. The spouse of a veteran unemployable due to total permanent services connected disability or spouse of veteran missing in action, captured or forcibly detained by a foreign power. □ Veteran in receipt of any Armed Forces Expeditionary Medal. Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.) Service Entry Date: ______ Discharge Date: ____ Branch of Service: I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws. Applicant's Signature Date

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, **along with a copy of their DD214 form** or equivalent

certification from the Veterans' Administration. Information provided on this form is maintained confidentially from your application in Human Resources; however, asserting Veteran's Preference is

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision be the employing agency or within 3 months of the date an application is filed with the employer if no notice is given.