

Veterans' Preference Form

Jackson County Human Resources 10 South Oakdale, Room 200 Medford, OR 97501

Phone: 541-774-6036 Fax: 541-774-6455

Announcement #	Title of Position
Print Name	
may be eligible for employment preference. If yo checklist carefully. Check the box for each item to utilize a points system, you may be eligible for eigpoints as a qualified veteran, but not both, based or have special circumstances, please call Human This completed form and required documentation	n must be submitted to the Jackson County Human
Resources Department at the time you submit you	ar employment application.
	rans' preference if you check at least one box below opy of your DD-214 or DD-215 that includes your
Check the applicable box below:	
	orces of the United States for a period of more than ore January 31, 1955, and was discharged or released
•	orces of the United States for a period of more than uary 31, 1955, and was discharged or released from
•	orces of the United States for 178 days or less and was nder honorable conditions because of a service-
	orces of the United States for 178 days or less and was inder honorable conditions and have a disability rating terans Affairs; or
•	orces of the United States for at least one day in a sed from active duty under honorable conditions; or
_ _ _	or an expeditionary medal for service in the Armed targed or released from active duty under honorable

Affairs.	
	chool under military orders, except schooling incident or normal military training as a reserve officer or Guard unit.
Qualified Disabled Veteran Questions: You may cla least one box below and provide proof of eligibility	im disabled veterans' preference if you can check at y by submitting both:
1. a copy of your DD-214 or DD-215 form sh	owing your discharge status, and
- · · · · · · · · · · · · · · · · · · ·	ce letter stating your disability and dated within the on from the Department of Veterans' Administration.
Check the applicable box below:	
☐ I am entitled to disability compensation und Department of Veterans' Affairs; OR	der laws administered by the United States
☐ I was discharged or released from active duduty; <u>OR</u>	nty for a disability incurred or aggravated in the line of
☐ I was awarded the Purple Heart for wounds	s received in combat.
Signature Section: This section must be completed	by all applicants utilizing this form.
I hereby claim veterans' preference and certify tha understand that any false statements may be cause when discovered.	
Print Name	Social Security No
Signature of Applicant	Date

☐ I am receiving a nonservice-connected pension from the United States Department of Veterans

Preference will not be awarded without the appropriate documentation. You must submit a copy of your DD-214 or DD-215 that shows discharge status in all cases, even if you have previously submitted a copy to the County. If you are claiming disabled veteran preference, you must also submit a copy of your veterans' disability preference letter stating your disability from the Department of Veterans' Administration dated within the last six months of this application. You will not receive preference without these accompanying documents.