



# City of North Miami Beach, Florida

## VETERANS' PREFERENCE ELIGIBILITY FORM

### Human Resources

17011 N.E. 19<sup>th</sup> Avenue North Miami Beach, FL 33162-3194

Phone: (305)-948-2918 Fax: (305) 787-6034

Florida Statutes Section 295.057 provides for Veterans' Preference for eligible veterans and family members in employment appointment, retention, reinstatement, reemployment, and promotion. Please note that preference will not be awarded retroactively.

**SUBMISSION:** If you seek Veterans' Preference, please complete both sides of this form. Select the appropriate check box on side 2 and provide the required documents. **Email the completed form and documentation to [jobs@citynmb.com](mailto:jobs@citynmb.com) or mail the information to the address listed above. The information must be received by the posted close date for the position.** Once the form is approved, it will be kept on file. You will not need to resubmit it for future positions.

#### IMPORTANT NOTICES:

In accordance with Florida law, preference in appointment, employment and promotion shall be given first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4, 5, 6 and 7 (as shown on the next page). Preference in appointment and employment requires that a preferred applicant be given special consideration in each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is more qualified for the position.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or as otherwise provided in Rule 55A-7.016, Florida Administrative Code.

Submission of this form and accompanied documentation does not constitute automatic eligibility for Veterans' Preference. Eligibility for Veterans' Preference is subject to verification of information and documentation provided.

The following positions are exempt from Veterans' Preference provisions:

- Positions filled by officers elected by popular vote or persons
- Heads of departments appointed to fill vacancies in such offices and personal secretary
- Positions which require licensure such as a physician of each such officer
- Positions which require that the employee be a member
- Members of boards and commissions of The Florida Bar
- Persons employed on a temporary basis without benefits

#### PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle)

Email Address:

#### VETERAN INFORMATION (to be provided by the person applying for preference)

Veteran's Name (Last, First, Middle - exactly as it appears on service records)

Branch of Service

Type of Discharge/Character of Service

Veteran's periods of service

Date of Entry:

Date of Discharge:

Dates of Active Duty

Dates of Training

From:

To:

From:

To:

Does the veteran have a service connected disability?  Yes  No

If yes, is the service connected disability compensable?  Yes  No

What is the percentage of disability? %

Documentation you will be submitting for consideration for Veterans' Preference:

**WARTIME ERAS:** For the purpose of determining Veterans' Preference, wartime era is limited to service during the following time periods:

- April 6, 1917 to July 1, 1921, if one day of service was between April 5, 1917 and November 12, 1918 (WWI)
- April 6, 1917 to April 1, 1920, if served in Russia (WWI)
- April 6, 1917 to November 11, 1918 (WWI)
- December 7, 1941 to December 31, 1946 (WWII)
- June 27, 1950 to January 31, 1955 (Korea Conflict)
- February 28, 1961 to May 7, 1975 (Vietnam Era)
- August 2, 1990 through January 2, 1992 (Persian Gulf War)
- October 7, 2001 through present (Operation Enduring Freedom)
- March 19, 2003 through present (Operation Iraqi Freedom)
- September 1, 2010 through present (Operation New Dawn)

[www.citynmb.com](http://www.citynmb.com)

Revised 4/25/2019

## PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle)

## TYPE OF VETERANS' PREFERENCE CLAIMED

Check the box below to indicate the type of preference you are claiming and answer all questions associated with that box. Submit this form and the listed documentation by email to [jobs@citynmb.com](mailto:jobs@citynmb.com) (or by mail to the address on side 1) to be received by the posted close date for the position.

## CATEGORY/DOCUMENTATION REQUIRED

- (1) A **disabled veteran** who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA listing military status, dates of service and discharge type and a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.

(2) The **spouse** of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment; and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

Are you presently married to the veteran?  Yes  No

If No, have you remarried? Do not count marriages that were annulled.  Yes  No

**Required documents:**

**Spouses of disabled veterans:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type **and** a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; **and** evidence of marriage to the veteran **and** a \*statement that the spouse is still married to the veteran at the time of the application for employment; **and** submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.

**Spouses of persons on active duty:** A Department of Defense document or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; **and** evidence of marriage **and** a statement that the spouse is married to the person on active duty at the time of application for employment.\*

\* Signing this form will serve as statement that you are still married to the veteran at the time of this application.

(3) A **wartime veteran** as defined in [s. 1.01\(14\)](#), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

(4) The **un-remarried widow or widower** of a veteran who died of a service-connected disability.

Were you married to the veteran when he or she died?  Yes  No

Have you remarried since the veteran's death? Do not count marriages that were annulled.  Yes  No

**Required documents:** A Department of Defense document or the DVA certifying the service-connected death of the veteran, and evidence of marriage and a statement that the spouse is not remarried.\*

\*Signing this form will serve as statement that you (the spouse) has not remarried at the time of this application.

(5) The **mother, father, legal guardian, or un-remarried widow or widower** of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense.

Relationship to service member:  Mother  Father  Legal Guardian  Un-remarried widow/widower

**Required documents:** A Department of Defense document certifying the service-connected death of the veteran under combat-related conditions. In addition, the legal guardian shall provide proper court documents establishing the legal authority of Guardianship.

(6) A **veteran** as defined in [s. 1.01\(14\)](#). Active duty for training may not be allowed for eligibility under this paragraph.

**Required documents:** A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

(7) A **current member of any reserve component** of the United States Armed Forces or the Florida National Guard.

**Required documents:** A letter from Commanding Officer stating the dates of military service to establish service member is currently active.

**Certification**

I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Name:

Date