SUBMISSION FOR VETERANS' PREFERENCE FOR THE SENATE OFFICE OF THE LEGISLATIVE COUNSEL (SOLC)
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

PERSON APPLYING FOR PREFERENCE

1. Name *(Last, First, Middle)*	2. Name of the SOLC position for which you are applying
3. Home address (Street Number, City, State and ZIP Code)	4. Date submitted

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

5. Veteran's name (Last, First, Middle) exactly as it appears on Service Records	6. VA claim number, if any

7. Veteran's periods of service

Branch of Service	From	To	Service Number

TYPE OF VETERANS' PREFERENCE CLAIMED

Instructions: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The **Documentation Required** column refers you to the second page of this form for the documents you must submit to support your submission. (**Please Note**: Eligibility for veterans' preference is governed by 5 U.S.C. 2108 and applicable regulations. All conditions are not fully described in this form because of space restrictions. Attach this completed form to your Veterans' Preference Application for the SOLC.)

			Yes	No	Documentation Required *(See reverse of this form)*
☐	**8. Veteran's Claim for Preference** based on non-compensable, service-connected disability; award of the Purple Heart; or receipt of compensation, disability retirement benefits or pension because of a public law administered by the VA or a military department.	→			A and B
☐	**9. Veteran's Claim for Preference** based on (1) service during a war, campaign or expedition for which a campaign badge has been authorized, (2) active duty service during the period of April 28, 1952 through July 1, 1955, (3) service for more than 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976 (excluding service under 10 U.S.C. 12103(d)), (4) active duty service from August 2, 1990, through January 2, 1992, (5) active duty service for more than 180 consecutive days, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential Proclamation or by law as the last day of Operation Iraqi Freedom.	→			A and G
☐	**10. Preference for a Spouse** of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job or any other position along the lines of his/her usual occupation. (If your answer to item 10(a) is *No*, you are ineligible for preference and need not submit this form.)	(a) Are you presently married to the veteran?	☐	☐	B and I
☐	**11. Preference for a Widow or Widower of a Veteran.** (If your answer is *No* to item 11(a) or *Yes* to item 11(b), you are ineligible for preference and need not submit this form).	(a) Were you married to the veteran when he or she died?	☐	☐	A, C, D, and F (Submit F when applicable.)
		(b) Have you remarried since the veteran's death? Do not count marriages that were annulled.	☐	☐	
☐	**12. Veteran's Claim for Preference** for veterans released or discharged from active duty from the armed forces, after August 29, 2008, by reason of a sole survivorship discharge, as defined in section 1174(i)(3) of title 10, United States Code.	→			H
☐	**13. Preference for (Natural) Parent** of a service-connected permanently and totally disabled, or deceased veteran, provided you are or were married to the other parent of the veteran, and --- your spouse (either the veteran's other parent or your spouse of a remarriage) is totally and permanently disabled, or --- you are now widowed, divorced, or separated from the veteran's other parent and have not remarried, or --- you are widowed or divorced from the veteran's other parent and have remarried, but you are now widowed, divorced, or separated from the spouse of your remarriage. (If your answer is No to item 13(c) or 13(d), you are ineligible for preference and need not submit this form.)	(a) Are you married?	☐	☐	**Disabled Veteran** B, E, and I (Submit E when applicable.) **Deceased Veteran** A, C, D, and E (Submit E when applicable.)
		(b) Are you separated? If Yes, do not complete (c), go to (d).	☐	☐	
		(c) If married now, is your spouse totally and permanently disabled?	☐	☐	
		(d) If the veteran is dead, did he/she die in active service?	☐	☐	

The Veterans Employment Opportunity Act of 1998 (Public Law 105–339; 112 Stat. 3182) ("VEOA"), including referenced provisions of the Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.) ("CAA"), authorizes the collection of this information. Individuals who are entitled to a veterans' preference are invited to self-identify voluntarily. The information and any accompanying documentation are intended solely for use in connection with the obligations and efforts of the Office of the Senate Legislative Counsel ("SOLC") to provide veterans' preference to preference-eligible applicants in accordance with the VEOA. An applicant's status as a disabled veteran and any information regarding an applicant's disability, including the applicant's medical condition and history, that the SOLC obtains will be kept confidential and will be collected, maintained, and used in accordance with the Americans with Disabilities Act of 1990, as made applicable by section 102(a)(3) of the CAA (2 U.S.C. 1302(a)(3)). An applicant who declines to self-identify as a disabled veteran or provide information and documentation regarding the applicant's disabled veteran's status will not be subjected to any adverse treatment but may be ruled ineligible for a veterans' preference as a disabled veteran. Applicants may obtain a copy of the Summary Description of the Veterans' Preference Policy of the SOLC by submitting a written request to vetrecruiting@slc.senate.gov.

I certify that all of the statements made in this submission are true, complete and correct to the best of my knowledge and belief and are made in good faith. (A false answer to any question may be grounds for not employing you or for dismissing you after you begin work, and may be punishable by fine or imprisonment (18 U.S.C. 1001)).

This form must be signed by all persons claiming a veterans' preference Signature of person claiming preference	Date signed *(Month, Day, Year)*

FOR USE BY SOLC ONLY ☐ Preference entitlement was verified	Name and Title of person who verified veterans' preference	Date of verification *(Month, Day, Year)*

DOCUMENTATION REQUIRED – READ CAREFULLY

A. Documentation of Service and Separation under Honorable Conditions.

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service:

1. Honorable or general discharge certificate.
2. Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
3. Orders of transfer to retired list.
4. Report of separation from a branch of the Armed Forces.
5. Certificate of service or release from active duty, provided honorable separation is shown.
6. Official statement from a branch of the Armed Forces showing that honorable separation took place.
7. Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B below, that the veteran was honorably separated from military service.
8. Official statement from the military personnel records center that official service records show that honorable separation took place.

B. Documentation of Service-Connected Disability; Purple Heart; and Nonservice-Connected Disability Pension.

Submit one of the following documents:

1. An official statement, *dated 1991 or later*; from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability.
2. An official citation, document or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
3. An official statement, *dated 1991 or later*; from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension, compensation for a service-connected disability or disability retired pay.
4. An official statement or retirement orders from a branch of the Armed Forces showing that the retired serviceman was retired because of permanent, service-connected disability or was transferred to the permanent disability retirement list.

For spouses and parents of disabled veterans who checked item 10 or 13, submit the following:

An official statement, *dated 1991 or later*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying:

1) the present existence of the veteran's service-connected disability,
2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage), and
3) a notation as to whether the service-connected disability is rated as permanent and total.

Please Note: When a veteran dies on active duty, the family does not receive a DD Form 214; the family receives a DD Form 1300, Report of Casualty, on which there is no place to record the character of service. Thus, when a veteran dies on active duty, his or her service should be presumed to be under honorable conditions unless the military service specifically indicates otherwise.

C. Documentation of Veteran's Death.

1. If on active military duty at time of death, submit official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
2. If death occurred while not on active duty, submit certified copy of death certificate.

CI. Documentation of Service or Death During a War, in a Campaign or Expedition for which a Campaign Badge is Authorized, or During the Period Authorized, or During the Period of April 28, 1952, through July 1, 1955.

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

E. Documentation of Deceased or Disabled Veteran's Parent's Claim for Preference because of Spouse's Total and Permanent Disability.

Submit a statement from the spouse's physician showing the prognosis of the spouse's disease and percentage of the spouse's disability.

F. Documentation of Annulment of Remarriage by Widow or Widower of Veteran.

Submit either of the following documents:
1. Certificate from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
2. A certified copy of the court decree of annulment.

G. Documentation of Service During War or Certain Periods of Time.

Submit a DD-214 or other documentation that establishes entitlement to a preference described in item 9. Note: A campaign medal holder or Gulf War veteran who originally enlisted after Sep 7, 1980, (or began active duty on or after 14 October 1982, and has not previously completed 24 months of continuous active duty) must submit documentation establishing 24 months of continuous service or service for the full period for which called or ordered to active duty. The 24-month service requirement does not apply to preference eligibles separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 or 1173.

H. Documentation of Sole Survivorship.

Submit a DD-214, certificate of release or discharge from active duty, or other documentation that demonstrates entitlement to a preference described in item 12.

I. Documentation of Veteran's Inability to Work Because of a Service-Connected Disability.

Answer questions 1-7 below:

1. Is the veteran currently working? If *No*, go to question 3. Yes ☐ No ☐	2. If currently working, what is the veteran's present occupation?
3. What was the veteran's occupation, if any, before military service?	4. What was the veteran's military occupation at the time of separation?
5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government? Yes ☐ No ☐	
A. Title and Grade of position most recently or currently, held	B. Name and address of agency / C. Dates of Employment From: To:
6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability? If Yes, submit documentation of the resignation, disqualification, or separation. Yes ☐ No ☐	
7. Is the veteran receiving a civil service retirement pension? If Yes, give the Civil Service annuity or Federal employee retirement annuity number. ☐ Yes ☐ No	CSA #