WAR ERA VETERAN'S PREFERENCE STATEMENT

Idaho Law provides veteran's preference for residents of Idaho who:

(1) have been in active services in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law, or
(2) are disabled veterans who served on active duty in the armed forces at any time, or
(3) are widowers of such individuals, who have not remarried, or
(4) are a qualifying spouse of an eligible disabled veteran who is physically unable to perform the work in the position for which the spouse seeks to apply the preference.

GENERAL ELIGIBILITY

Are you a resident of the State of Idaho? . . . . . ☐ Yes, ☐ No
Have you included a copy of your DD-214 form or, if you're currently enlisted, a copy of your military enlistment papers? . . . . . ☐ Yes, ☐ No
If you're no longer enlisted, were you discharged under honorable conditions? . . . . . ☐ Yes, ☐ No

If you answered NO to any of the above questions, you are not eligible for veteran's preference.

WAR ERA VETERANS

Are you a war era veteran? . . . . . ☐ Yes, ☐ No
If yes, please indicate the war era during which you served on active duty:

- ☐ World War II 12/07/41 to 12/31/46
- ☐ Korean Conflict 06/27/50 to 01/31/55
- ☐ Served in Vietnam 02/28/61 to 08/04/64
- ☐ Vietnam Conflict 08/05/64 to 05/07/75
- ☐ Persian Gulf War 08/02/90 to (date not yet proclaimed)
- ☐ Other recognized conflict as defined by federal law. Please specify_____

DISABLED VETERANS

Have you served on active duty in the armed forces at any time, and do you have a present service-connected disability of 10% or more? . . . . . ☐ Yes, ☐ No
Have you included a copy of a current VA certification letter dated within the last 12 months? . . . . . ☐ Yes, ☐ No

SPOUSES OF DISABLED VETERANS

Are you a spouse of an eligible disabled veteran? . . . . . ☐ Yes, ☐ No
If yes, have you included a copy of your spouse's current VA certification letter dated within the last 12 months? . . . . . ☐ Yes, ☐ No
Are you a widow or widower of a war era or disabled veteran, and have you remained unmarried? If yes, you will be required to submit a copy of the death certificate. . . . . ☐ Yes, ☐ No

I certify that all information provided is true, correct, and complete to the best of my knowledge. I also understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal.

_____ _____ _____
Name (Please Print) *Signature* *Date*

If you have any questions about veteran's preference, please call the Community Planning Association, Jeanne Urlezaga (208) 855-2558 x242