APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

U.S. Office of Personnel Management

Form Approved:
O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name *(Last, First, Middle)*	2. Name of Civil Service or Postal Service exam and/or job announcement number you have applied for or position which you currently occupy
3. Home address *(Street Number, City, State and ZIP Code)*	4. Date exam was held or application 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 10-POINT 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 back of this form for the documents you must submit to support your application. (**Please Note**: Eligibility for veterans' preference is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. You should submit this completed form to the agency to which you are applying. They can also provide any additional information.)

			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 disability pension under public laws administered by the VA.	-- -- -- -- -- -- -- -- -- -- -- -- -- -- ---- -- →			A and B
☐	**9. Veteran's Claim for Preference** based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a 10% or more service-connected disability.	-- -- -- -- -- -- -- -- -- -- -- -- -- -- ---- -- →			A and C
☐	**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 A is *No*, you are ineligible for preference and need not submit this form.)	a. Are you presently married to the veteran?	☐	☐	C and H
☐	**11. Preference for a Widow or Widower of a veteran.** (If your answer is *No* to item A or *Yes* to item 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, D, E, and G (Submit G when applicable.)
		b. Have you ever remarried? Do not count marriages that were annulled.	☐	☐	
☐	**12. Preference for (Natural) Mother** of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and	a. Are you married?	☐	☐	**Disabled Veteran** C, F, and H (Submit F when applicable.)
	--- your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, or	b. Are you separated? If *Yes*, do not complete C, go to D.	☐	☐	
	--- you are now widowed, divorced, or separated from the veteran's father and have not remarried, or	c. If married now, is your husband totally and permanently disabled?	☐	☐	**Deceased Veteran** A, D, E, and F (Submit F when applicable.)
	--- you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is *No* to item C or D, you are ineligible for preference and need not submit this form.)	d. If the veteran is dead, did he/she die in active service?	☐	☐	

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

I certify that all of the statements made in this claim 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 (U.S. Code, Title 18, Section 1001)).

☐ Preference entitlement was verified Name of Agency	**This form must be signed by all persons claiming 10-Point preference** Signature of person claiming preference	Date signed *(Month, Day, Year)*
FOR USE BY APPOINTING OFFICER ONLY Signature of Appointing Officer	Title of Appointing Officer	Date signed *(Month, Day, Year)*

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Standard Form 15
Revised August 2008
December 2004 edition usable;
all other previous editions are unusable.

DOCUMENTATION REQUIRED - READ CAREFULLY

*Please submit photocopies of documents because they will **not** be returned unless a certified copy is specified.*

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 or C 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 (Non-Compensable, i.e., Less than 10%); Purple Heart; and Nonservice-Connected Disability Pension.

Submit one of the 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 of less than 10%.
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.

C. Documentation of Service-Connected Disability (Compensable, i.e., 10% or More).

If you checked Item 9 on the front of this form, s*ubmit 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 veteran's present receipt of compensation for service-connected disability or disability retired pay.
2. An official statement, *dated 1991 or later,* from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.
3. 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. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans, who checked item 10 or 12, 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 veterans service-connected disability,
2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage),
3) a notation as to whether or not 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.

D. 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 military duty, *submit* certified copy of death certificate.

E. 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.

F. Documentation of Deceased or Disabled Veteran's Mother's Claim for Preference because of Her Husband's Total and Permanent Disability.

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

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

Submit either:

1. Certification 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.

H. 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 Item 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#

Standard Form 15
Revised August 2008
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