# 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)*

Doe, Jane

2. Home address *(Street Number, City, State and ZIP Code)*

111 Main Street

Herndon, VA 20171

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

3. Veteran's name *(Last, First, Middle)* exactly as it appears on Service Records

Doe, Jane

4. Periods of service

| Branch of service | Date entered active duty | Date Separated or Released from Active Duty (if applicable) |
|---|---|---|
| US Air Force | 01/08/2006 | 01/09/2010 |

**TYPE OF 10-POINT VETERANS' PREFERENCE CLAIMED**

**Instructions:** Check the block indicating your veterans' preference claim. Answer any questions associated with a block. The Required Documentation column refers you to information provided on the back of this form regarding the types of documents that are acceptable proof of your claim for preference. (Please note that eligibility for veterans' preference is governed by 5 U.S.C. 2108, 2108a, and 5 CFR part 211. All conditions are not fully described on this form due to space restrictions.

| | | | Yes | No | Required Documentation *(See reverse of this form.)* |
|---|---|---|---|---|---|
| ☒ | **5. Veterans' preference** based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the Department of Veterans Affairs (DVA). | → | | | A and B |
| ☐ | **6. Veterans' preference** based on a compensable service-connected disability of 10% or more as determined by the DVA or disability retirement from a Military Service Department. | → | | | A and C |
| ☐ | **7. Veterans' preference** for a living veteran's spouse based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal Government job, or any other position. | a. Are you currently married to the veteran? If *No*, you are not eligible for preference. | ☐ | ☐ | C and H |
| ☐ | **8. Veterans' preference** for a veteran's widow or widower. | a. Were you married to the veteran at the time of death? If *No*, you are not eligible for preference. | ☐ | ☐ | A, D, E, and G (Submit G when applicable.) |
| | | b. Have you ever remarried? (Do not count annulments.) If *Yes*, you are not eligible for preference | ☐ | ☐ | |
| ☐ | 9. Veterans' **preference for a mother** of a veteran who has a service-connected disability that is permanent and totally disabling, or who is deceased provided you are or were married to the veteran's father and | a. Are you married? | ☐ | ☐ | **Disabled Veteran** C, F, and H |
| | • your husband is totally and permanently disabled; | b. Are you separated? If *Yes*, go to question D. | ☐ | ☐ | |
| | • you are widowed, divorced, or separated from the veteran's father and have not remarried; or | c. Is your husband totally and permanently disabled? | ☐ | ☐ | **Deceased Veteran** A, D, E, and F |
| | • 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. | d. Did the veteran die on active duty? If *No* to C or D, you are not eligible for preference. | ☐ | ☐ | |

**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.

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.



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All other previous editions are unusable.

## DOCUMENTATION REQUIRED - READ CAREFULLY

*Please submit photocopies of documents because they will **not** be returned.*

**A. Documentation of Service and Separation.**

Any official document or statement from the Armed Forces showing separation, discharge or release from active duty is under honorable conditions (Honorable or General Discharge). **Note: Only the branch of service in which the individual served can certify active duty service was performed "Under Honorable Conditions."** Such documents include, but are not limited to:

- DD-214, "Certificate of Release or Discharge from Active Duty"
- Retirement or separation orders
- Documents showing transfer to any of the reserve corps of the Armed Forces
- Certification: any written document from the armed forces that certifies the service member is expected to be discharged or released from active duty service in the armed forces under honorable conditions not later than 120 days after the date the certification is signed.
- Official statement from military personnel records center

**B. Documentation of Non-Compensable Service-Connected Disability (less than 10%); Purple Heart, and Nonservice-Connected Disability Pension.** Such documents include, but are not limited to:

- 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%.
- 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.
- 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 Compensable Service-Connected Disability (10% or more).** Such documents include, but are not limited to:

- An official document, *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.
- An official document or retired orders from a branch of the Armed Forces, showing that the veteran was retired due to a service-connected disability or has been transferred to a Disability Retirement List with a service-connected disability of at least 10% or more.

For spouses and mothers of disabled veterans, who checked item 7 or 9, *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:

- the present existence of the veterans service-connected disability;
- the percentage and nature of the service-connected disability or disabilities (including the combined percentage); and
- a notation as to whether or not the service-connected disability is rated as permanent and total.

**D. Documentation of Veteran's Death**

- If death occurred while not on active military duty, *submit* certified copy of death certificate.
- 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.

**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:

- Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment; or
- 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<br>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 (CSA) or Federal employee retirement annuity number. ☐ Yes ☐ No CSA#



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