City of Keizer

*930 Chemawa Road NE * P.O. Box 21000 * Keizer, OR 97307-1000*
*Telephone: (503) 856-3430 * Fax: (503) 856-3445*
Website: www.keizer.org

Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please contact City of Keizer Human Resources at 503-856-3430. **This completed form and required documentation must be submitted when you submit your application.**

A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215.

<u>ORS 408.225(e)</u>

☐ I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or

☐ I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or

☐ I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or

☐ I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or

☐ I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or

☐ I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or

☐ I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

1.   A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2.   A public employment preference letter from the United States Department of Veterans Affairs.
     To order the letter, call 1-800-827-1000 and request a public employment preference letter.

<u>ORS 408.225(c)</u>

☐ I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
☐ I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
☐ I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Applicant's Signature: _____   Applicant's Printed or Typed Name: _____   Social Security Number _____

Position Applied For: _____   Today's Date: _____

<u>ORS 408. 225-230</u>
*Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. **You will not receive preference without these accompanying documents.***

*This form is **OPTIONAL**. Only complete if you want to be considered for veteran's preference.*