COUNTY OF MONTEREY
VETERANS' AND ELIGIBLE MILITARY SPOUSE PREFERENCE APPLICATION

Applicants seeking veterans' preference points must complete and submit this application along with all required supporting documentation via email to VeteransPreferencePoints@countyofmonterey.gov. Failure to submit the application and required supporting documents will result in veterans' preference points not being applied to the specific position they are currently applying for.

SECTION 1 | APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone Number: _____ E-Mail Address: _____

Position Applied For: _____ (Title) Please select from dropdown. (Department)

SECTION 2 | VETERAN STATUS & SUPPORTING DOCUMENTATION

Select the category that applies to you and provide the required documentation as specified below.

☐ **Veteran** –
An individual who has served on active duty in the United States Armed Forces and has been discharged under conditions other than dishonorable.
- *DD-214 or equivalent discharge papers.*

☐ **Disabled Veteran –**
A veteran with a service-connected disability rated at 0% or greater by the U.S. Department of Veterans Affairs (VA).
- *DD-214 and VA disability rating documentation.*

☐ **Active-Duty Service Member –**
Pending Discharge
- *Official military orders and a statement of service from the commanding officer confirming expected honorable or general discharge (under honorable conditions) and anticipated discharge date.*

☐ **Spouse of a Deceased Veteran –**
The surviving spouse of a veteran who died while in qualifying military service or as a direct result of service-connected injuries.
- *DD-214, Marriage Certificate, and official documentation of the veteran's service-related death.*

☐ **Spouse of a Disabled Veteran –**
The spouse of a veteran who has been classified as disabled by the VA due to a service-connected condition.
- *DD-214, Marriage Certificate, and VA certification of the veteran's total disability.*

☐ **Eligible Spouse –**
The spouse of an active-duty service member.
- *Marriage Certificate and official documentation confirming active-duty service of the spouse.*

SECTION 3 | VETERAN INFORMATION

Full Name: _____ Date of Birth: _____

SERVICE SUMMARY

Branch of Service	Entry Date	Separation Date	Character of Service

Disability Percentage: _____

I HEREBY CERTIFY that the information provided in this application and the information contained in the attached supporting documents is true and accurate to the best of my knowledge. I understand that all information is subject to verification and authorize the U.S. Veterans Administration to release a statement of my or my spouse's service-connected disability to the County of Monterey. I also understand that my false or misleading statements or omission of material facts may result in the forfeiture of veteran preference eligibility and/or disqualification from employment consideration.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed By: _____ Date: _____

Eligible 5 Points: ☐ Eligible 10 Points: ☐ Not Eligible: ☐