

**CITY OF KENOSHA
CLAIM FOR VETERANS PREFERENCE POINTS**

NAME _____ **DATE** _____

POSITION APPLIED FOR _____

Qualifying U.S. military veterans and certain spouses of such veterans may be granted preference points towards their score(s) from the City of Kenosha employment examination process.

Instructions: Complete Sections 1 and 2 to indicate the "qualifying" period(s) of military service and appropriate veterans preference points. Disabled veterans may qualify for additional points, as defined in Section 2.

Section 1.

	I served for at least two continuous years on active duty under honorable conditions; or the full period of my initial service obligation; or was discharged or released after less than two years due to hardship, a service-connected disability or a reduction in the armed forces. <i>(This service did not have to occur during a specific war period or campaign.)</i>
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OR Indicate the qualifying wartime period(s) below during which you or your spouse had active military service of at least one day *(mark appropriate box below)*:

	Dates of qualifying wartime service
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OR Indicate the campaign and the Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal you or your spouse participated in.

	Name of campaign	Dates served
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Section 2. Indicate the number of preference points you are eligible for. If you or your spouse have a disability which is directly or indirectly traceable to war service, you are entitled to additional veterans preference points. *(mark the appropriate box below)*

	10 points as a non-disabled veteran with qualifying service as indicated in Section 1.
	15 points as a disabled wartime veteran whose disability is LESS THAN 30% and directly traceable to war service as indicated in Section 1. <i>(Indicate the percentage of disability below.)</i>
	20 points as a disabled wartime veteran whose disability is 30% OR MORE and directly traceable to war service as indicated in Section 1. <i>(Indicate the percentage of disability below.)</i>
	10 points as a spouse of a disabled veteran whose disability is 70% OR MORE and directly traceable to war service as indicated in Section 1. <i>(Indicate the percentage of disability below.)</i>
	10 points as an unmarried spouse of a veteran who was killed in action OR died from a service connected disability during the period indicated in Section 1. <i>(Indicate the percentage of disability below.)</i>

Please indicate the degree of wartime disability claimed. _____%

Signature _____ **Date** _____

**** PLEASE NOTE ****

Both Sections 1 and 2 of this form must be completed with a copy of the Form DD-214 on file in order for veterans preference points to be awarded.