

VETERANS' PREFERENCE

COMPLETE THIS FORM **ONLY** IF YOU ARE CLAIMING VETERANS' PREFERENCE

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

River's Edge Hospital & Clinic operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while

serving on active duty, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disable veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing River's Edge Hospital & Clinic employment.

Claims must be made on the form below and submitted via mail or e-mail along with the required documentation. If the documentation is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying for.

NAME (LAST)	(FIRST)	(M)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER
				ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

"Member Copy 4" of the DD214 (separation from active duty) must be submitted to receive points.

Honorably discharged veteran YES NO

DISABLED VETERAN (15 points):

"Member Copy 4" of the DD214 and a letter from USDVA verifying active duty disability. Must have an active service-related disability rating of 10% or greater. Must be submitted to receive points.

Percent of Disability: _____%

Have you ever been promoted in River's Edge Hospital & Clinic employment? YES NO

SPOUSE OF DISABLED VETERAN (15 points):

"Member Copy 4" of DD214 and a letter from USDVA verifying active duty disability related to the position requirements. The veteran must be unable to work in the specific position the spouse is applying for due the nature veteran's service connected disability rating of 10% or greater. Must be submitted to receive points.

SPOUSE OF DECEASED VETERAN (10 points):

"Member copy 4" of the DD214 and USDVA proof of death related to active duty injury. Spouse of a veteran who died on, or a result of, an active duty injury. Spouse cannot have re-married. Must be submitted to receive points.

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF A DECEASED VETERAN WHO WAS DISABLED AT TIME OF DEATH (15 Points):

"Member copy 4" of the DD214, letter from USDVA verifying active duty disability, and USDVA proof that death was related to active duty injury.

Date of Death: _____ Have you remarried? YES NO

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to River's Edge Hospital & Clinic by the required application deadline date.

_____ Signature

_____ Date

Information Regarding Claiming Veterans' Preference

For certain open, competitive positions at River's Edge Hospital and Clinic preference points are awarded to qualified veterans defined by MN Statute 197.447 and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 197.447 and 197.455.

The veteran must:

1. be a U.S. citizen or resident alien, and
2. have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - served on active duty for at least 181 consecutive days, or
 - have been discharged by reason of disability incurred while serving on active duty, or
 - have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a; i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Complete and submit the form, and supply a copy of DDForm214 (certificate of Release from Active Duty) that lists the character of the discharge.
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214, USDVA verification that the veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with River's Edge Hospital & Clinic. If you have any questions regarding veterans' preference in public employment, please contact our office at (507) 931-2200 or your local County Veterans' Service Office.



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