

CITY AND COUNTY OF SAN FRANCISCO VETERAN'S PREFERENCE APPLICATION



FOR OFFICE USE ONLY
 Eligible 5% _____
 Eligible 10% _____
 Not Eligible _____
 Analyst _____ Date _____

Position you are applying for: Class# Title		Social Security Number
Last Name	First Name	Middle Initial

Check One:

<input type="checkbox"/> I am applying as an Eligible Veteran, as defined in CSC Rule 111.36 (complete items 1, 2, and 6).
<input type="checkbox"/> I am applying as a Disabled Veteran, as defined in CSC Rule 111.37 (complete items 1, 2, 3 and 6).
<input type="checkbox"/> I am applying as the un-remarried widow/widower or surviving domestic partner of an Eligible Veteran per CSC Rule 111.38.1 (complete items 1, 2, 4, 5 and 6).
<input type="checkbox"/> I am applying as the un-remarried widow/widower or surviving domestic partner of a Disabled Veteran per CSC Rule 111.38.2 (complete items 1, 2, 3, 4, 5 and 6).

1. Period of Veteran's Qualifying Service: (attach legible copy of DD214)

DATE ENTERED ACTIVE DUTY	DATE SEPARATED FROM ACTIVE DUTY	TYPE OF SEPARATION/ CHARACTER OF DISCHARGE

2. Have you ever been awarded Veteran's Preference on a City and County of San Francisco eligible list? No Yes

If Yes, indicate class number(s) and approximate date(s): _____

3. Disabled Veteran Preference: Complete this section if the Eligible Veteran has suffered a permanent service-connected disability that is of record in the United States Veteran's Administration. Attach a copy of the award letter.

Claim number used by U.S. Veteran's Administration C - _____
 Veteran's Administration Office where claim is now filed _____

4. Deceased Veteran's Information:

Veteran's Last Name	Veteran's First and Middle Name	
Veteran's Date of Birth	Veteran's Social Security Number	Veteran's Military Serial Number

5. Your relationship to deceased veteran at time of his/her death _____

Have you subsequently remarried or entered into another domestic partnership? _____

Documentation of relationship must be submitted with this application, such as marriage certificate, registration as domestic partner, veteran's death certificate, etc.

6. CERTIFICATION OF APPLICANT (read carefully): I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with the City and County of San Francisco.

Date	Signature of Applicant
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