LAMAR STATE COLLEGE - PORT ARTHUR

VETERAN STATUS/VETERAN'S EMPLOYMENT PREFERENCE FORM

A veteran is defined as an individual who served in the army, navy, air force, marine corps, or coast guard of the United States or in an auxiliary service of one of those branches.

ARE YOU A VETERAN? ☐ YES ☐ NO

You may be entitled to a veteran's employment preferences as established in the Veteran's Employment Preference Act (Chapter 657, Government Code) if:

→ As a veteran you were honorably discharges and

○ You served in the armed forces for 90 consecutive days during a national emergency (from 1933 to present", OR

○ You served less than 90 consecutive days and were discharged due to a service-connected disability;

○ You are an individual classified as a surviving spouse of a veteran killed while on active duty and who has not remarried; OR

→ You are an orphan of a veteran who was killed while on active duty.

☐ I DO NOT QUALIFY FOR VETERAN'S PREFERENCE **(Sign at Bottom of Page)**

An individual who qualifies for a veteran's employment preference is entitled to a preference in employment in this state over other applicants for the same position who do not have a greater qualification. If you qualify for Veteran's Employment Preference, complete the applicable information requested below:

☐ **VETERAN**

Date of Enlistment: _____/_____/_____ Date of Discharge:_____/_____/_____ (It is only necessary to provide information for one qualifying period) Indicate the branch in which you served: ☐ U.S. Army ☐ U.S. Air Force ☐ U.S. Coast Guard ☐ U.S. Navy ☐ U.S. Marines ☐ Auxiliary Services If you served in the auxiliary services, provide name:_____ Were you honorably discharged? ☐ Yes ☐ No	FOR HUMAN RESOURCES USE ONLY Qualify ☐ Yes ☐ No **V**

Please submit a copy of the service discharge from (DD214) or other separation documentation

☐ **ORPHAN**

Was one of your parents a veteran who was killed while on active duty and who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with Federal law? ☐ Yes ☐ No		Qualify ☐ Yes ☐ No
Veteran's Name:	Veteran's SSN:	**O**

Submit a copy of your birth certificate and DD1300 or death certificate of veteran.

☐ **SURVIVING SPOUSE**

Are you a spouse of a veteran who was killed on active duty and who has not remarried? ☐ Yes ☐ No		Qualify ☐ Yes ☐ No
Veteran's Name:	Veteran's SSN:	**W**

Submit a copy of marriage certificate and DD1300 or death certificate of veteran.

DISCLOSURE OF SOCIAL SECURITY NUMBER: Disclosure of your Social Security number is voluntary. I will be used to verify your status as a veteran and entitlement to a veteran preference.

Name (please print)	Social Security Number:
Signature:	Date: