ABERDEEN SCHOOL DISTRICT #58 Veterans Preference Form

As a way of honoring those citizens who have served their country on active duty with the United States armed forces, the [name of school district] provides veterans or eligible spouses a more favorable competitive position for government employment.

Idaho Code Title 65, Chapter 5 provides preference for eligible veterans who have been honorably discharged or eligible spouses who:

- Have served on active duty for a minimum of one hundred eighty (180) consecutive days¹; or
- Are disabled veterans who served on active duty in the armed forces; or
- Are Purple Heart Recipients; or
- Are the widow or widower of such individuals who have not remarried; or
- Are the qualifying spouses of eligible disabled veterans who cannot qualify for any public employment because of a service connected disability.

Veteran Information				
Name	Branch of	of Service		
Date Entered Military Service	Separatio	ion Date		
Rank at SeparationType o	of Discharge			
Disabled Veteran				
Please state your percentage of Disability				
Do you receive pension or compensation for non-service connected disabilities?				
Qualifying Husband/Wife, Widow/Widower				
Your name				
Is the Veteran stated above:	☐ Disabled	☐ Deceased		
If Veteran is deceased, have you remarried?	□ Yes	□ No		
Initial Appointment				
Preference shall be given only for the purpose of initial appointment to a position and not for the purposes of any promotion, transfer or reassignment.				
Have you ever received an initial appointment by this school district? ☐ Yes ☐ No				

VETERANS PREFERENCE NOTICE FORM - 1

¹ Active duty includes full-time duty in the active military service of the United States, full-time training duty, annual training duty, and attendance, while in the military service, at a school designated as a service school by law or by the secretary of the military department concerned. Idaho Code §65-502(17).

To claim veterans preference with the Aberdeen School District #58 please complete the Veterans Preference Form and return it with your DD-214 and, if applicable, your letter from Veterans Affairs stating your disability determination to the human resources department.

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should an investigation disclose inaccurate or misleading answers, my application may be rejected, my name may be removed from consideration, or my employment with the school district terminated.

Nama (Places Print)	Signatura	
Name (Please Print)	Signature	
Social Security Number	Date	