EMPLOYMENT PREFERENCE FORM

Name
Position Applied For
Job Title Department Name

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

☐ **A Veteran**, if
   1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
   2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

☐ **A Disabled Veteran**, if
   1. you were separated under honorable conditions from military duty, **AND**
   2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

☐ **The spouse of a disabled veteran** if the veteran's disability prevents him or her from working.

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran**, if
   1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
   2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference,** you must be (check one of the boxes below):

☐ **A person with a disability** certified by DPHHS, **OR**

☐ **The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

☐ DD-214 showing the character of discharge
☐ DPHHS Disability Certification
☐ Service-connected disability letter
☐ A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE (typed or written)**:** **DATE SIGNED**: