



**ROGER D. EATON**  
Clerk of the Circuit Court and County Comptroller

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## Veteran's Preference Required Documentation

Individuals claiming Veteran's Preference are required to submit the following documentation with the Application for Employment when claiming Veterans Preference.

1. **Veterans, disabled veterans and spouses of disabled veterans** shall furnish a Department of Defense document commonly known as Form DD-214, or military discharge papers, or equivalent certification from the Veterans Administration listing military status, dates of service and discharge type.
2. **Disabled veterans** shall also furnish a document from the Department of Defense, the Veterans Administration, or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.
3. **Spouses of disabled veterans** shall also furnish a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled, or an identification card issued by the Division of Veteran Affairs and certification from the Veterans Administration that the veteran has a service-connected disability. Spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment. The spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. **Spouses of persons on active duty** shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power. Such spouse shall also furnish evidence of marriage and a statement that the spouse is still married to the person on active duty at the time of the application for employment.
5. The **un-remarried widow or widower of a deceased veteran** shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.

All documents must clearly indicate that they are copies of originals. In addition, please be sure to include which Veteran's Preference, by number, in the appropriate section of our Employment Application.

# VETERANS' PREFERENCE CERTIFICATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

**I certify that I am qualified to claim Veterans' Preference under the category checked below:**

**(a)** A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

**(b)** The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

**(c)** A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

**(d)** The unremarried widow or widower of a veteran who died of a service-connected disability.

**(e)** The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

**(f)** A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

**(g)** A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Charlotte County, Clerk & Comptroller's Employee Relations office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact them at Employee.Relations@CharlotteClerk.com or by calling (941)505-4736, if you have any questions.

This statement is true to the best of my knowledge and belief.

By \_\_\_\_\_

Printed Name \_\_\_\_\_



# Certification of Current Member of Reserve Component of the United States Armed Forces or The Florida National Guard

**To be completed by your IMMEDIATE MILITARY SUPERVISOR:**

I certify that \_\_\_\_\_ is a current member of \_\_\_\_\_ (branch) **Reserve Component of the United States Armed Forces or The Florida National Guard** (circle one) and is in "Honorable" standing as of this date.

\_\_\_\_\_  
Signature of Immediate Military Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Printed Name and Rank

\_\_\_\_\_  
Military Supervisor's Telephone Number

**To be completed by APPLICANT:**

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of \_\_\_\_\_, honorably serving, that I intend to continue my military service, and that the following information is accurate:**

Address: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Current Member

\_\_\_\_\_  
Printed name



## Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

### To be completed by Unremarried Widow or Widower:

I certify that I, \_\_\_\_\_, was married to \_\_\_\_\_,  
a member of \_\_\_\_\_ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

\_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Widow or Widower**

Printed name: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

Address: \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_