CITY OF STANFIELD

Stanfield

1910~2010

Celebrating 100 years

160 S Main Street PO Box 369 Stanfield, OR 97875

Tom McCann Mayor W. Blair Larsen City Manager Cíty Hall: 541-449-3831 Fax: 541-449-1828

Veteran's Preference Form

Attachment to Application for Employment

Name:	Date:
Under Oregon law, veterans who meet minimum qua preference. If you think you may qualify, please read item that is appropriate. If you need further explanation of Stanfield at 541-449-3831 or via e-mail citymanase. Veteran means a person who served in the Armed For specified periods or in military campaigns, for reason than dishonorable conditions.	diffications for a position may be eligible for employment the following checklist carefully. Check the box for each on or have a special circumstance, please contact the City ger@cityofstanfield.com. The process of the United States on active duty, during certain as other than training, and has been discharged under other
Submission Requirements: This completed form and the time of your application materials.	a copy of your DD-214 or DD-215 must be submitted at
□ I served on active duty with the Armed Force consecutive days and was discharged or releated I served on active duty with the Armed Force discharged or released from active duty under disability; OR	s of the United States for a period of more than 178 sed from active duty under honorable conditions; OR s of the United States for 178 days or less and was a honorable conditions because of a service-connected a combat zone and was discharged or released from active
	school under military orders, except schooling incident to al military training as a reserve officer or member of an
"Armed Forces" means the United States Army, Nav the reserve components thereof.	y, Marine Corps, Air Force, and Coast Guard, including
☐ I was discharged or released from service in tapplication. Date of discharge:	he armed forces within 15 years of the date of this

Qualified Disabled Vete	ran Questions:	You may c	laim additional	l employment	preference if	you can cl	heck at
least one box in the section	on below and pro	ovide proof	of eligibility b	y submitting t	he following	documents	s.

- 1. A copy of your form DD-214 or DD-215, Certificate of Release or Discharge, and
- 2. A copy of your Veteran's disability preference letter dated within the last 6 months from the United States Department of Veterans Affairs or a
- 3. A certificate of eligibility under OAR 839-006-0440(5) and (9) a copy of the Certificate of Release or Discharge from Active Duty.

☐ I am entitled to disability compensation under laws adm	inistered by the United States Department of			
Veterans Affairs; OR ☐ I was discharged or released from active duty for a disabout OR	pility incurred or aggravated in the line of duty;			
OR ☐ I was awarded the Purple Heart for wounds received in a	combat.			
I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.				
Print Name:				
Signature:	Date:			
Position applied for:				

Reasonable accommodations may be made upon request prior to the application deadline to enable individuals with disabilities to participate in the job application process.