



## VETERANS PREFERENCE CERTIFICATION

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

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 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.

### Rule 55A-7.013, Florida Administrative Code:

Please submit this certification with your application and prior to the date that the position closes. Please contact Human Resources at 561-243-7125 or [humanresources@mydelraybeach.com](mailto:humanresources@mydelraybeach.com) if you have any questions.

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

Signature: \_\_\_\_\_



## CERTIFICATION OF UNREARRIED 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 submitted with the application to Human Resources, 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: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Signature of Witness**

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

Telephone(s): \_\_\_\_\_

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



**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, Rank and 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 submitted with the application to Human Resources, 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: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Member Date: \_\_\_\_\_