



CITY AND COUNTY OF SAN FRANCISCO VETERAN'S PREFERENCE APPLICATION

Position you are applying for: Class# Title		Social Security Number:	
Last Name:	First Name:	Middle Initial:	

Check One:

☐ I am an Eligible Veteran, as defined in CSC Rule 111.40 (complete items 1, 2, and 6).
☐ I am a Disabled Veteran, as defined in CSC Rule 111.41 (complete items 1, 2, 3 and 6).
☐ I am the un-remarried widow/widower or surviving domestic partner of an Eligible Veteran per CSC Rule 111.42.1 (complete items 1, 2, 4, 5 and 6).
☐ I am the un-remarried widow/widower or surviving domestic partner of a Disabled Veteran per CSC Rule 111.42.2 (complete items 1, 2, 3, 4, 5 and 6).

1. Veteran's Qualifying Service: (attach legible copy of DD214)

DATE ENTERED ACTIVE DUTY	DATE SEPARATED FROM ACTIVE DUTY	TYPE OF SEPARATION/ CHARACTER OF DISCHARGE

2. Have you ever been awarded Veteran's Preference on a City and County of San Francisco eligible list or score report? No ☐ Yes ☐

If Yes, indicate class number(s) and approximate date(s): _____

3. Disabled Veteran Preference: Complete this section if the Eligible Veteran has suffered a permanent service-connected disability that is on record in the United States Veteran's Administration.*Attach a copy of the award letter.*

Claim number used by U.S. Veteran's Administration C - _____

Veteran's Administration Office where claim is now filed _____

4. Deceased Veteran's Information:

Veteran's Last Name:	Veteran's First and Middle Name:	
Veteran's Date of Birth:	Veteran's Social Security Number:	Veteran's Military Serial Number:

5. Your relationship to the deceased Veteran at time of death _____
Have you subsequently remarried or entered into another domestic partnership? _____

Documentation of relationship must be submitted with this application, such as marriage certificate, registration as domestic partner, veteran's death certificate, etc.

6. CERTIFICATION OF APPLICANT (read carefully): I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with the City and County of San Francisco.

Date	Signature of Applicant
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