

CITY OF HIBBING

VETERANS' PREFERENCE CLAIM

Name of Veteran _____

Name of Applicant if different than Veteran _____

Address _____

Position applying for _____ Date of Birth _____

Are you a United States veteran? Yes No

Are you a disabled veteran? Yes No If Yes, % of disability? _____%

Are you currently receiving or eligible to receive a monthly pension benefit based exclusively on length of military service? Yes No

Branch of Service _____ Date of Discharge _____

Serial Number _____ Social Security Number _____

Date of Entry _____ Type of Separation _____

Veteran's Claim Number If Disabled _____ State Claim Filed in _____

I hereby claim Veterans' Preference for this examination and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veterans' Administration to the City of Hibbing.

Signature of Veteran _____ Date _____

If spouse of disabled veteran, answer the following question:

Veteran's Present Occupation _____

DON'T FORGET TO ATTACH A COPY OF YOUR REPORT OF SEPARATION (DD214)

(Detach second page and retain for your information.)