CITY OF KENOSHA
CLAIM FOR VETERANS PREFERENCE POINTS

NAME_____________________________________________ DATE____________________________

POSITION APPLIED FOR________________________________________________________________________

Qualifying U.S. military veterans and certain spouses of such veterans may be granted preference points towards their score(s) from the City of Kenosha employment examination process.

Instructions: Complete Sections 1 and 2 to indicate the “qualifying” period(s) of military service and appropriate veterans preference points. Disabled veterans may qualify for additional points, as defined in Section 2.

Section 1.

I served for at least two continuous years on active duty under honorable conditions; or the full period of my initial service obligation; or was discharged or released after less than two years due to hardship, a service-connected disability or a reduction in the armed forces. (This service did not have to occur during a specific war period or campaign.)

OR Indicate the qualifying wartime period(s) below during which you or your spouse had active military service of at least one day (mark appropriate box below):

Dates of qualifying wartime service

OR Indicate the campaign and the Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal you or your spouse participated in.

Name of campaign Dates served

Section 2. Indicate the number of preference points you are eligible for. If you or your spouse have a disability which is directly or indirectly traceable to war service, you are entitled to additional veterans preference points. (mark the appropriate box below)

<table>
<thead>
<tr>
<th>Preference Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 points</td>
<td>as a non-disabled veteran with qualifying service as indicated in Section 1.</td>
</tr>
<tr>
<td>15 points</td>
<td>as a disabled wartime veteran whose disability is LESS THAN 30% and directly traceable to war service as indicated in Section 1. (Indicate the percentage of disability below.)</td>
</tr>
<tr>
<td>20 points</td>
<td>as a disabled wartime veteran whose disability is 30% OR MORE and directly traceable to war service as indicated in Section 1. (Indicate the percentage of disability below.)</td>
</tr>
<tr>
<td>10 points</td>
<td>as a spouse of a disabled veteran whose disability is 70% OR MORE and directly traceable to war service as indicated in Section 1. (Indicate the percentage of disability below.)</td>
</tr>
<tr>
<td>10 points</td>
<td>as an unmarried spouse of a veteran who was killed in action OR died from a service connected disability during the period indicated in Section 1. (Indicate the percentage of disability below.)</td>
</tr>
</tbody>
</table>

Please indicate the degree of wartime disability claimed. _________%

Signature __________________________________________ Date _________________________

**PLEASE NOTE***
Both Sections 1 and 2 of this form must be completed with a copy of the Form DD-214 on file in order for veterans preference points to be awarded.

revised 03/2007