



**Applicant's Name** \_\_\_\_\_

Are you a veteran of the U.S Military Service?  Yes  No If **yes**, what branch of Service? \_\_\_\_\_

Beginning date and ending date of active duty: From: \_\_\_\_\_ to: \_\_\_\_\_  
Yr./Mo Yr./Mo.

Date of Discharge from Military Service: \_\_\_\_\_ Type: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?  Yes  No If **Yes**, please explain.

Have you ever been disciplined or discharged for violating a safety rule?  Yes  No If **Yes**, please explain.

Have you ever been disciplined or fired for insubordination?  Yes  No If **Yes**, please explain.

Have you ever been disciplined or fired for fighting, assault or similar offenses?  Yes  No If **Yes**, please explain.

Have you ever been convicted of any crime?  Yes  No

Have you ever had adjudication withheld or plead "no contest" for any crime?  Yes  No

If **Yes** to either question as to crimes, give details as to the type of crime, the date of conviction, and the penalty imposed.  
(Attach Separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Will you work overtime if asked?  Yes  No

Are there any hours, shifts or days you will not work?  Yes  No If **Yes**, explain:

Do you have any friends or relatives who work for the City of Sebastian?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you now employed?  Yes  No Are you on layoff?  Yes  No Are you subject to recall?  Yes  No

May we contact your present Employer?  Yes  No Previous Employers?  Yes  No

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

Have you filed an application here before?  Yes  No If **Yes**, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If **Yes**, give date: \_\_\_\_\_



**NOTICE TO APPLICANTS:** The City of Sebastian complies with the Americans with Disability Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and /or examination; and all information will be kept confidential and in separate files.

### **APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the City of Sebastian permission to contact schools, previous employers, references, and others, and hereby release the City of Sebastian from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application might remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the City of Sebastian is for no specific term and may be terminated by me, or the City of Sebastian, with or without notice or cause at any time. I further understand that no oral promise, City of Sebastian policy, custom, business practice or other procedure (including the City of Sebastian's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the City of Sebastian and me.

The contents of any employee handbook or personnel manuals, as well as other employer policies and practices, are subject to change or modification by the City of Sebastian, solely at its discretion, without notice. I also understand that no supervisor or other official of the City of Sebastian (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the City of Sebastian may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the City of Sebastian are subject to blood tests or urinalysis screening for drug and alcohol use.

This application will remain active for one hundred and eighty (180) days. Any applicant wishing to be considered for employment beyond one hundred and eighty (180) days should reapply.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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The City of Sebastian is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with the City of Sebastian depends solely upon your qualifications.

Please return your application to:

**Administrative Services Department  
City of Sebastian  
1225 Main Street  
Sebastian, Florida 32958  
Telephone: (772) 388-8222  
Fax # (772) 388-8249**

**EMPLOYMENT HISTORY**

**LIST ALL JOBS (List most recent job first.) Account for all time periods including unemployment, self-employment and Military service. (Attach separate paper(s), if necessary.)**

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. (    )
Work Performed		
Reason for leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final )	Telephone No. (    )
Work Performed		
Reason for leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. (    )
Work Performed		
Reason for leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. (    )
Work Performed		
Reason for leaving		

## **AFFIRMATIVE ACTION SUMMARY**

The Following information is sought **only** to assist the City of Sebastian in analyzing and monitoring its recruitment process in compliance with Federal laws and will be used for statistical purposes only. This information will be kept separately from your application form, and **will not** be used for employment decisions.

Name (**Optional**) \_\_\_\_\_

Address (**Optional**) \_\_\_\_\_

Telephone number (**Optional**) \_\_\_\_\_

Social Security number (**Optional**) \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: (**Check one**) \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnic Group: (**Check one**)

\_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other

(If **Other**, Please specify) \_\_\_\_\_

How did you learn about this job vacancy? (**Check One**)

\_\_\_\_\_ Newspaper \_\_\_\_\_ City Employee \_\_\_\_\_ Job Service

\_\_\_\_\_ City Bulletin Board \_\_\_\_\_ Phone Call \_\_\_\_\_ Walk In

\_\_\_\_\_ Friend \_\_\_\_\_ Website \_\_\_\_\_ Gov't Channel

\_\_\_\_\_ Other (Please specify)





### **NOTICE TO APPLICANTS ELIGIBLE FOR VETERANS' PREFERENCE**

The City of Sebastian shall give preference in appointment to eligible veterans and eligible family members of veterans, in line with the rules of the Florida Department of Veterans' Affairs, Division of Veterans' Benefits and Assistance, Rule 55A-7.016 of the Florida Administrative Code, and Veterans' Preference in Appointment and Retention in Employment.

An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs at the address listed below. The complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

The address to which a complaint may be filed is:

Florida Department of Veterans' Affairs  
(FDVA) Division of Benefits and Assistance  
ATTN: Veterans' Preference  
P.O. Box 31003  
St. Petersburg, FL 33731  
Office: 727-319-7462  
Fax: 727-319-7780

## **VETERANS' PREFERENCE**

The City of Sebastian shall give preference in appointment to eligible Veterans and eligible family members of Veterans per Rule 55A – 7.016 of the Florida Administrative Code, and Veterans' Preference in Appointment and Retention in Employment.

All individuals claiming Veterans' Preference must submit an FDVA form VP-1 and a Veterans' Preference Certification Form. For information on any additional required documentation, please refer to the information below. Note: "DoD" refers to Department of Defense and "DVA" refers to the Department of Veterans' Affairs. FDVA forms VP-1, VP-2, and VP-3 are located in the required forms.

## **DISABLED VETERANS**

DD-214, military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and Character of Discharge. Must have an Honorable Discharge.

### **FDVA Form VP-1**

Veterans' Preference Certification Form

A document from the DoD or DVA certifying that the Veteran has a service-connected disability.

Current Spouses of Veterans

Veterans' Preference Certification Form

### **FDVA Form VP-1**

DD-214, military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and Character of Discharge. Must have an Honorable Discharge.

Evidence of marriage to the veteran and statement that the spouse is still married at the time of application.

Spouse of a Disabled Veteran: proof that the disabled veteran cannot qualify for employment due to the service-connected disability AND certification from the DoD or VA that the Veteran is totally and permanently disabled OR an ID card issued by the Department.

Spouses of Persons on Active Duty: must furnish a document from the DoD or the DVA certifying that the person on active duty is listed as missing in action, captured in the line of duty, or forcibly detained or interned in the line of duty by a foreign government.

## **WARTIME VETERAN OR RECIPIENT OF EXPEDITIONARY MEDAL**

### **FDVA Form VP-1**

Veterans' Preference Certification Form

DD-214, military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and Character of Discharge. Must have an Honorable Discharge.

Unremarried Widow/er of a Veteran Who Died as a Result of Service-Related Combat

### **FDVA Form VP-1**

Veterans' Preference Certification Form

DD-214

FDVA Form VP-3 "Certification of Unremarried Widow or Widower."

Parent, Legal Guardian, or Unremarried Widow/Er of a Veteran Who Died as a Result of Military Service Under Combat-Related Conditions

**FDVA Form VP-1**

Veterans' Preference Certification Form

A document from the DoD showing the death of the service member while on duty status under combat-related conditions OR the DVA certifying the service-connected death of the Veteran.

Spouses must show evidence of marriage.

Legal guardians must show proper court documents establishing the legal authority for the Guardian.

A Veteran Who Served in the Active Military, Naval, or Air Service

Veterans' Preference Certification Form.

**FDVA Form VP-1**

DD-214, military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and Character of Discharge. Must have an Honorable Discharge.

Current Member of and Reserve Component of U.S. Air Force or the Florida National Guard  
(Exception: those serving on current active duty for training are ineligible for preference)

**FDVA Form VP-1**

Veterans' Preference Certification Form

**FDVA Form VP-2**

"Certification of Current Member of the Reserve of the United States Armed Forces or the Florida National Guard"

Thank you to all of our veterans and their family members for the sacrifices and service to this country.

## VETERANS' PREFERENCE CERTIFICATION

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

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 along 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.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at City of Sebastian @ 1225 Main Street, Sebastian, FL 32958 or call 772-388-8222, if you have any questions.

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

By \_\_\_\_\_

Printed Name \_\_\_\_\_

# VETERANS' PREFERENCE IN EMPLOYMENT – ELIGIBILITY FORM

NAME:

POSITION APPLYING FOR:

## MILITARY SERVICE INFORMATION

Branch of Service

Date of Entry

Date of Discharge

Type of Discharge

### CHECK THE CATEGORY BELOW WHICH APPLIES TO YOU AND SUBMIT THE REQUIRED DOCUMENTATION

**PROPER DOCUMENTATION MUST BE PROVIDED:** DD Form 214, Certificate of Discharge or Separation from Active Duty, or other official documents (to include military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and discharge type) issued by the branch of service are required as verification of eligibility for veterans' preference. Additional documentation is required for certain categories listed below.

- (15 Points) A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.**

- Disabled veterans shall also furnish from the Department of Defense, the Department of Veterans' Affairs, or the Division of Veterans' Benefits and Assistance, a document certifying that the veteran has a service-connected disability.

- (10 Points) The Spouse**

\_\_\_\_\_ of a veteran who cannot qualify for employment because of total and permanent service-connected disability.

**OR**

\_\_\_\_\_ of a veteran missing in action, captured, or forcibly detained by a foreign power.

- Spouses of persons eligible to claim preference shall furnish certification from the VA that the veteran has a service-connected disability.
- Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Division; spouses of disabled veterans shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran; spouses of disabled veterans shall also furnish proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
- Spouses of persons on active duty shall furnish a document from the Department of Defense or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; spouses of persons on active duty shall also furnish evidence of marriage and a statement that the spouse is married to the person at this time.

- (10 Points) A veteran who has received an honorable discharge and who has served at least one day during a wartime period; also a veteran who has been awarded a campaign or expeditionary medal. Active duty for training may not be allowed for eligibility under this paragraph.**

- Provide a copy of DD-214 form or equivalent from the DD or DVA showing military status, dates of service and discharge type; and campaign or expeditionary medal, if applicable.

- (10 Points) An unremarried widow or widower of a veteran who died of a service-connected disability.**

- The unmarried widow or widower of a deceased veteran who died of a service-connected disability shall furnish a document from the Department of Defense or the VA certifying the service-connected death of the veteran, and shall also furnish evidence of marriage and a statement the spouse is not remarried.

- (10 Points) 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 DD.**

- If the applicant is the mother, father or legal guardian, provide veteran's DD-214 Form or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, the veteran's death certificate, and court document(s) establishing legal authority of guardian.
- If the applicant is the unremarried widow or widower, provide statement that applicant is unremarried, certificate of marriage to the veteran, veteran's DD-214 Form or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, and veteran's death certificate.

- (5 Points) A Veteran as defined in section 1.01 (14) Florida Statutes. Who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.**
    - Provide DD-214 Form or equivalent from the DD or DVA showing military status, dates of service and discharge type.
- 
- 
- (5 Points) A current member of any reserve component of the United States Armed Forces or the Florida National Guard.**
    - Provide Statement of Service or equivalent signed by or at the direction of the adjutant, personnel officer or commander of reserve/guard unit stating the dates of military service/current military service.

I certify that all information provided is true, complete and correct to the best of my knowledge and is made in good faith. I acknowledge that the City of Sebastian has provided me with a copy of the Notice to Applicants Eligible for Veterans' Preference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# VETERANS' PREFERENCE IN EMPLOYMENT – ELIGIBILITY FORM

Listed below are wartime service, campaign, and expedition dates of the Armed Forces since the Korean Conflict which qualify for Veterans' Preference. **NOTE:** A "wartime veteran" is defined by Florida Statutes as any veteran who served at least one day during a wartime period. Active duty for training shall not be allowed for eligibility. Please check the period you qualify for, and complete the required information.

## WARTIME SERVICE DATES

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Korean Conflict</b> (6/27/50 to 1/31/55) | <input type="checkbox"/> <b>Persian Gulf War</b> (8/2/90 to 1/2/92)             | <input type="checkbox"/> <b>Operation Iraqi Freedom</b> (03/19/03 to 8/31/10) |
| <input type="checkbox"/> <b>Vietnam Era</b> (2/28/61 to 5/7/75)      | <input type="checkbox"/> <b>Operation Enduring Freedom</b> (10/7/01 to present) | <input type="checkbox"/> <b>Operation New Dawn</b> (9/01/013 to 12/15/11)     |

## U.S. CAMPAIGNS OR EXPEDITIONS - INCLUSIVE DATES

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Armed Forces Expeditionary Medal (AFEM)</b> A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which the medal was awarded.   | <input type="checkbox"/> <b>Laos</b> - April 19, 1961 to October 7, 1962  |
| <input type="checkbox"/> <b>Afghanistan</b> ( <i>Operations Enduring Freedom</i> (OEF) and <i>Iraqi Freedom</i> (OIF)) - OEF October 7, 2001 to present, OIF March 19, 2003 to present  | <input type="checkbox"/> <b>Lebanon</b> - July 1, 1958 to November 1, 1958, and June 1, 1983                                    |
| <input type="checkbox"/> <b>Berlin</b> - August 14, 1961 to June 1, 1963  | <input type="checkbox"/> to December 1, 1987  |
| <input type="checkbox"/> <b>Bosnia</b> ( <i>Operations Joint Endeavor</i> (OJE), <i>Joint Guard</i> (JG), and <i>Joint Forge</i> (JF)) - OJE November 20, 1995 to December 20, 1996; J;G December 20, 1996 to June 20, 1998; JF June 21, 1998 to present  | <input type="checkbox"/> <b>Mayaguez Operation</b> - May 15, 1975 to May 15, 1975   |
| <input type="checkbox"/> <b>Cambodia</b> - March 29, 1973 to August 15, 1973  | <input type="checkbox"/> <b>Operations in the Libyan Area</b> ( <i>Operation El Dorado Canyon</i> )                             |
| <input type="checkbox"/> <b>Cambodia Evacuation</b> ( <i>Operation Eagle Pull</i> ) - April 11 - 13, 1975   | <input type="checkbox"/> -April 12, 1986 to April 17, 1986  |
| <input type="checkbox"/> <b>Congo</b> - July 14, 1960 to September 1, 1962, and November 23 - 27, 1964  | <input type="checkbox"/> <b>Panama</b> ( <i>Operation Just Cause</i> ) - December 20, 1989 to January 31, 1990                  |
| <input type="checkbox"/> <b>Cuba</b> - October 24, 1962 to June 1, 1963   | <input type="checkbox"/> <b>Persian Gulf Operation</b> ( <i>Operation Earnest Will</i> ) - July 24, 1987                        |
| <input type="checkbox"/> <b>Dominican Republic</b> - April 28, 1965 to September 21, 1966   | <input type="checkbox"/> to August 1, 1990  |
| <input type="checkbox"/> <b>El Salvador</b> - January 1, 1981 to February 1, 1992   | <input type="checkbox"/> <b>Persian Gulf Operation</b> ( <i>Operation Southern Watch</i> )                                      |
| <input type="checkbox"/> <b>Global War on Terrorism</b> - September 11, 2001 to present   | <input type="checkbox"/> -December 1, 1995 to present   |
| <input type="checkbox"/> <b>Grenada</b> ( <i>Operation Urgent Fury</i> ) - October 23, 1983 to November 21, 1983  | <input type="checkbox"/> <b>Persian Gulf Operation</b> ( <i>Operation Vigilant Sentinel</i> )                                   |
| <input type="checkbox"/> <b>Haiti</b> ( <i>Operation Uphold Democracy</i> ) - September 16, 1994 to March 31, 1995  | <input type="checkbox"/> -December 1, 1995 to February 1, 1997  |
| <input type="checkbox"/> <b>Iraq</b> ( <i>Operations Northern Watch</i> (ONW), <i>Desert Spring</i> (DS), <i>Enduring Freedom</i> (OEF), and <i>Iraqi Freedom</i> (OIF)) - ONW January 1, 1997 to May 1, 2003; DS December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001 to present, OIF March 19, 2003 to August 31, 2010. | <input type="checkbox"/> <b>Persian Gulf Operation</b> ( <i>Operation Desert Thunder</i> )                                      |
| <input type="checkbox"/> <b>Korea</b> - October 1, 1966 to June 30, 1974  | <input type="checkbox"/> -November 11, 1998 to December 22, 1998  |
| <input type="checkbox"/> <b>Kosovo</b> - March 24, 1999 to present  | <input type="checkbox"/> <b>Persian Gulf Operation</b> ( <i>Operation Desert Fox</i> ) - December 16, 1998 to December 22, 1998 |
|   | <input type="checkbox"/> <b>Persian Gulf Intercept Operation</b> - December 1, 1995 to present                                  |
|   | <input type="checkbox"/> <b>Quemoy and Matsu Islands</b> - August 23, 1958 to June 1, 1963                                      |
|   | <input type="checkbox"/> <b>Somalia</b> ( <i>Operations Restore Hope</i> and <i>United Shield</i> )                             |
|   | <input type="checkbox"/> -December 5, 1992 to March 31, 1995  |
|   | <input type="checkbox"/> <b>Taiwan Straits</b> - August 23, 1958 to January 1, 1959   |
|   | <input type="checkbox"/> <b>Thailand</b> - May 16, 1962 to August 10, 1962  |
|   | <input type="checkbox"/> <b>Vietnam Evacuation</b> ( <i>Operation Frequent Wind</i> ) - April 29, 1975 to April 30, 1975        |
|   | <input type="checkbox"/> <b>Vietnam (including Thailand)</b> - July 1, 1958 to July 3, 1965                                     |

## NAVY/MARINE CORPS EXPEDITIONARY MEDAL FOR THESE OPERATIONS

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Cuba</b> - January 3, 1961 to October 23, 1962   | <input type="checkbox"/> <b>Libyan Area</b> - January 20, 1986 to June 27, 1986                               |
| <input type="checkbox"/> <b>Indian Ocean/Iran</b> - November 21, 1979 to October 20, 1981                          | <input type="checkbox"/> <b>Lebanon</b> - August 20, 1982 to May 31, 1983                                     |
| <input type="checkbox"/> <b>Iranian/Yemen/Indian Ocean</b> - December 8, 1978 to June 6, 1979                      | <input type="checkbox"/> <b>Liberia</b> ( <i>Operation Sharp Edge</i> ) - August 5, 1990 to February 21, 1991 |
| <input type="checkbox"/> <b>Panama</b> - April 1, 1980 to December 19, 1986, and February 1, 1990 to June 13, 1990 | <input type="checkbox"/> <b>Rwanda</b> ( <i>Operation Distant Runner</i> ) - April 7 - 18, 1994               |
| <input type="checkbox"/> <b>Persian Gulf</b> - February 1, 1987 to July 23, 1987                                   | <input type="checkbox"/> <b>Thailand</b> - May 16 - August 10, 1962   |

## OTHER CAMPAIGN AND SERVICE MEDALS QUALIFYING FOR PREFERENCE

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Army Occupation of Austria</b> - May 9, 1945 to July 27, 1955                     | <input type="checkbox"/> <b>Korea Defense Service Medal</b> - July 28, 1954 to (date to be determined)                                   |
| <input type="checkbox"/> <b>Army Occupation of Berlin</b> - May 9, 1945 to October 2, 1990                    | <input type="checkbox"/> <b>Korean Service</b> - June 27, 1950 to July 27, 1954  |
| <input type="checkbox"/> <b>Army Occupation of Germany</b> (exclusive of Berlin) - May 9, 1945 to May 5, 1955 | <input type="checkbox"/> <b>Kosovo Campaign Medal (KCM)</b> ( <i>Operation Allied Force</i> ) - March 24, 1999 to June 10, 1999          |
| <input type="checkbox"/> <b>Army Occupation of Japan</b> - September 3, 1945 to April 27, 1952                | <input type="checkbox"/> <b>Kosovo Campaign Medal (KCM)</b> ( <i>Operation Joint Guardian</i> )-June 11, 1999 to (date to be determined) |
| <input type="checkbox"/> <b>Chinese Service Medal</b> (Extended) - September 2, 1945 to April 1, 1957         | <input type="checkbox"/> <b>Kosovo Campaign Medal (KCM)</b> ( <i>Operation Allied Harbor</i> )-April 4, 1999 to September 1, 1999        |

- ID Kosovo Campaign Medal (KCM)** (*Operation Sustain Hope/Shining Hope*) - April 4, 1999 to July 10, 1999
- ID Kosovo Campaign Medal (KCM)** (*Operation Noble Anvil*) March 24, 1999 to July 20, 1999
- ID Kosovo Campaign Medal (KCM)** (*Task Force Hawk*) - April 5, 1999 to June 24, 1999
- ID Kosovo Campaign Medal (KCM)** (*Task Force Saber*) - March 31, 1999 to July 8, 1999
- ID Kosovo Campaign Medal (KCM)** (*Task Force Falcon*) - June 11, 1999 to (date to be determined)
- ID Kosovo Campaign Medal (KCM)** (*Task Force Hunter*) - April 1, 1999 to November 1, 1999
- ID Navy Occupation of Austria** - May 8, 1945 to October 25, 1954
- Other (Provide Name and Date):**

- ID Navy Occupation of Trieste** - May 8, 1945 to October 25, 1954
- ID Rwanda** (*Operation Distant Runner*) - April 7 - 18, 1994
- ID Southwest Asia Service Medal (SWASM)** (*Operations Desert Shield and Desert Storm*) - August 2, 1990 to November 30, 1995
- ID Thailand** - May 16 - August 10, 1962
- ID Units of the Sixth Fleet** (*Navy*) - May 9, 1945 to October 25, 1955
- ID Vietnam Service Medal (VSM)** - July 4, 1965 to March 28, 1973



**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 and Rank

\_\_\_\_\_  
Military Supervisor's 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 returned to the Human Resources office 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: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Current Member

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

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

