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|  | **COLORADO SPRINGS FIRE DEPARTMENT**  **ENTRY LEVEL AND LATERL ENTRY SELECTION PROCESS**  **VETERAN’S PREFERENCE POINTS APPLICATION FORM** | |
| NAME: | | |  | |
|  | | |  | |
| POSITON APPLYING FOR: | | |  | |

Colorado law permits candidates who are military veterans to be granted preference points to the total combined examination score. **In order to ensure that preference points are awarded at the time the eligible list is established, this completed form and the required documentation must be submitted to the Colorado Springs Fire Department Human Resources Division via the online instructions prior to the closing of the National Testing Network posting.** Please see the posting at [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com).

You may be eligible for either 5 points as a qualified veteran (non-disabled) or 10 points as a qualified disabled veteran, but not both. Please contact the CSFD Human Resources Division at [csfdhr@springsgov.com](mailto:csfdhr@springsgov.com) / (719) 385-7226, if you need further explanation or have special circumstances.

**QUALIFIED VETERAN CRITERIA – 5-point preference:**

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| --- | --- |
|  | I was Honorably Discharged following service on active duty with a branch of the Armed Forces of the United States other than for training purposes during any period of any declared war or any undeclared war or other armed hostilities against an armed foreign enemy.  Dates of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**QUALIFIED DISABLED VETERAN CRITERIA – 10-point preference:**

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| --- | --- |
|  | I satisfy the 5-point preference criteria stated above and have a disability rating from the United Stated Department of Veterans’ Affairs for which I am receiving monetary compensation or disability retired benefits.  Dates of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SURVIVING SPOUSE OF VETERAN CRITERIA – 5-point preference:**

|  |  |
| --- | --- |
|  | I am the surviving spouse of a person who was or would have met the criteria for the 5-point or 10-point preference stated above, or the surviving spouse of any person who died during such service or as a result of service-connected cause while on active duty in any such branch, other than for training purposes.  Dates of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Points will NOT be awarded without the appropriate documentation. You must submit a copy of your DD-214 in all cases, even if you have previously submitted a copy for previous selection processes. If you are claiming disabled veteran’s preference points, you must also submit a copy of your veterans’ disability preference letter from the Department of Veteran’s Administration. If you are claiming points as a surviving spouse, you must provide evidence of marriage at the time the veteran status was attained and certify by signature below that you have not remarried at the time of application.**

I hereby claim and certify that the above information is true and correct. I understand that any false statement may be caused for my disqualification from the selection process, regardless of when discovered.

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| SIGNATURE: |  |
|  |  |
| DATE: |  |
|  |  |
| EMAIL & PHONE NO.: |  |