

VETERANS' PREFERENCE CERTIFICATION

(FDVA form VP-1)

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:

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(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.

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(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.

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(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.

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(d) The unremarried widow or widower of a veteran who died of a service-connected disability. If so, please attach Certification of Unremarried Widow or Widower form VP3. *Form available at: www.collierclerk.com.*

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(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.

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(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.

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(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. *Form available at: www.collierclerk.com.*

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 Jobs@collierclerk.com or call 239-252-2761, if you have any questions. You may also fax the **documentation to prove your status** to 239-252-2755.

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

By _____

Printed Name _____

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Should the position for which you are applying be filled by someone who does not qualify for Veterans' Preference and/or should you feel that proper consideration of the Veterans' Preference has not been provided to you, please contact the Human Resources Department at the Collier County Clerk of the Circuit Court at 239-252-2761, 3312 Tamiami Trail E., Ste. 102, Naples, Florida, 34112.

You also have the right to initiate an investigation by the Florida Department of Veterans' Affairs. You may do so by notifying the State of Florida, Department of Veterans' Affairs, 9500 Bay Pines Blvd., St. Petersburg, FL, 33708, within 60 calendar days from the date you received notice that you were not selected for the position.

If no notice has been given, then you must file a complaint within 3 months of the date the application was filed with the employer.