# Application for Veterans' Preference Points Certification of Spouse or Parent of Veteran

Section 70/36g(h) of the State Universities Civil Service act states that "a surviving, unremarried spouse of a veteran or a parent of an unmarried veteran who suffered a service-connected death or a service connected disability that prevents the veteran from qualifying for civil service employment, is entitled to the same veterans preference points to which the veteran would have been entitled." The following form should be completed by the applicant wishing to use the veterans' preference and is intended to provide certification of applicability of this provision for the designated family members.

### Please respond and complete each item thoroughly.

## **Applicant Information:**

Last Name	First Name	MI	Social Security Number
Street Address	City	State	Zip Code

### Veteran Information:

(Provide the following information about the veteran under which preference is being claimed.)

Veteran's Last Name	Veteran's First Name		MI
Veteran's Date of Birth:			
Veteran's Social Security Number:			
Date Veteran entered Military Servic	e:		
Date Veteran was discharged:			
Date/Location of Veteran's Marriage	: Date	City/State	
Veteran's V.A. Disability Number:			
Date/Location of Veteran's Death: _			
	Date	City/State	

Complete Name of Veteran's Spouse: \_\_\_\_\_

(First, MI, Last)

Complete Name of Veteran's Mother:

(First, MI, Last)

Complete Name of Veteran's Father: \_\_\_\_\_

(First, MI, Last)

### *V* Check each of the following boxes that apply to the veteran named above:

- [] The veteran currently receives disability assistance from the Veterans Administration.
- [] The veteran claimed veterans status and veterans employment preference on a State of Illinois Employment Application.
- [] The veteran is employed by Illinois state government, which includes the State Universities Civil Service System employers.
- [] The veteran's disability prevents the veteran from qualifying for state government employment.

#### V Check the condition under which you are claiming eligibility for veteran's preference:

- [ ] I am the spouse of a veteran with a service-connected disability.
- [ ] I am the surviving and unremarried spouse of a deceased veteran whose death was service-connected.
- [] I am the parent of an unmarried veteran who suffered a service-connected death or a service-connected disability.

IMPORTANT NOTE: If you, as a parent or spouse of a veteran, are requesting veterans' preference point, you are to submit appropriate proof at the time of application. This means you must submit documentation that the disabled veteran is currently receiving assistance from the Veterans Administration for a service-connected disability, the veteran's military discharge papers (DD 214), marriage certificate, or death certificate of the veteran.

I certify that the information which I have provided on this questionnaire is true and correct to the best of my knowledge.

Signature of Applicant

Date of Signature