



VETERAN'S STATUS

To claim veteran's status, please complete and sign this form

POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST M.I.

VETERAN'S STATUS: In accordance with law RCW 41.04.010, certain veterans are eligible to receive a scoring criteria status. A scoring criteria status is the addition of a certain percentage to the "passing mark, grade or rating" received in a competitive examination by a veteran.

1. Date of military discharge: _____ (to receive veteran's status -- discharge must have been within the last 15 years unless an extension has been granted for "valid and extenuating reasons".)

If claiming veteran's status, **you must attach a copy of page four of form DD214 and complete all questions below** by checking the appropriate boxes and including required information where applicable.

2. Do you claim veteran's status for this examination? YES NO

3. Serving status:

Regular military Armed Forces Reserve National Guard

4. I have received an honorable discharge or

5. I have received a dishonorable discharge.

6. **Type of military service and retirement status:**

- I have served on active military duty during a **period of war** or received the expeditionary medal for **opposed action on foreign soil** as a member in the armed forces (any branch) of the United States (RCW 41.04.005); Name the war(s) or medal(s)? _____

- I have served on active duty during an "**armed conflict**" and have been awarded the respective campaign badge or medal (Armed conflicts include: Crisis in **Lebanon**; the invasion of **Grenada**; **Panama**, Operation Just Cause; **Somalia**, Operation Restore Hope; **Haiti**, Operation Uphold Democracy; and **Bosnia**, Operation Joint Endeavor).

Name the conflicts? _____

- I am a veteran who did not serve during a period of war.

- I **am not** receiving military retirement;

- I **am** receiving military retirement.

7. I have never been granted veteran's preference to obtain an appointment to a position with the State of Washington or any political subdivision or municipal corporation.

I certify that the information provided above is accurate and true, and may be subject to verification.

SIGNATURE _____ DATE _____