

****Return with application if applicable****
EMPLOYMENT PREFERENCE POINTS FOR
VETERANS (OR SPOUSES) AND HANDICAPPED PERSONS

Effective August 27, 1977, Arizona Revised Statute 38-492 was amended and authorized preference points (not %) for four (4) major categories of applicants for merit system employment.

- I. VETERAN (5 points): A veteran of the Armed Forces of the United States separated under honorable conditions following more than six months of active duty.
- II. DISABLED VETERAN (10 points): An honorably separated veteran who served on active duty in the Armed Forces at any time and who has a service-connected disability and is receiving compensation or disability retirement benefits under laws administered by the Veterans Administration, Army, Navy, Air Force, Coast Guard, or Public Health Service.
- III. VETERAN'S SPOUSE OR SURVIVING SPOUSE (5 points): A spouse or surviving spouse of any of the following:
 - A. Any veteran who died of a service-connected disability.
 - B. Any member of the Armed Forces serving on active duty who at the time of application is listed by the secretary of Defense of the United States in any of the following categories for not less than ninety days:
 - 1. Missing in action.
 - 2. Captured in the line of duty by a hostile force.
 - 3. Forcibly detained or interned in the line of duty by a foreign government of power.
 - C. A person who has a total, permanent disability resulting from a service-connected disability or any person who died while such a disability was in existence.
- IV. HANDICAPPED PERSON (5 points): Anyone who has a physical or mental impairment which substantially limits one or more of his major life activities or has a record of such an impairment or is regarded as having such an impairment.
HANDICAPPED DEFINITIONS:
 - A. "Handicapped person" means, with respect to employment; a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question.
 - B. "Physical or mental impairment" means:
 - 1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genio-urinary hemic and lymphatic; skin; and endocrine.
 - 2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
 - C. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

HOW IT WORKS:

- A. If you feel you qualify on one or more of the four categories, complete the claim form below and include in your application packet.
- B. Verification of claim:
 - 1. Certification of category I (Veteran) requires verification of DD Form 214 or other acceptable proof.
 - 2. Certification of category II (Disabled Veteran) or III (Veteran's Spouse) may be obtained from the VA Regional Office or at Veterans Services Offices of the Arizona Department of Economic Security. The VA Claim Number must be furnished by you.
 - 3. Certification of category IV (Handicapped Person): We will verify the information you provide through the medical authority you indicate on the claim form.
- C. A maximum of ten (10) preference points will be applied to your final score, but only if you earn a passing grade without preference. Current employees are not eligible. Preference Points will be added when the required documentation/verification has been received by the Administrative Services Department.

APPLICATION SUPPLEMENT - PREFERENCE POINTS CLAIM FORM

Any qualified applicant, who has received a passing score on any/all selection tests (i.e. Application screening, assessment center, written examination, etc.) may have a maximum of ten (10) preference points applied to their final score for any combination of the following:

VETERAN	5 points
DISABLED VETERANS	10 points
VETERAN'S SPOUSE/SURVIVING SPOUSES	5 points
HANDICAPPED PERSON	5 points

I, _____ (print full name), am requesting the following preference points:

I understand that it is my responsibility to provide valid documentation verifying my eligibility for the preference points I am claiming. I understand that this documentation must be provided at the time of my initial application for employment and that this documentation will become part of my application file and will not be returned to me.

Applicant Signature: _____

Date: _____