

NEW JERSEY DEPARTMENT OF VETERANS AFFAIRS
CIVIL SERVICE VETERANS PREFERENCE CLAIM FORM
INSTRUCTIONS

Please print or type all answers. Complete the first section and any other section(s) that apply to you. Sign your name at the bottom. Please mail or email this form and a copy of your Veterans Separation Papers (Form DD214) to NJ Dept of Veterans Affairs, ATTN: DVS-VBB, P.O. Box 340, Trenton, NJ 08625-0340, or by email: VBB@dva.nj.gov. If you do not have Form DD 214, a copy can be obtained from the National Personnel Records Center. If your records have been destroyed, a letter from the National Personnel Records Center attesting to the destruction of your records and a notarized statement indicating the dates of active service, branch, rank, and type of discharge must be submitted.

1. Your Name (Last, first, middle initial – Please Print)	2. Your Social Security Number	4. Veteran's Name (If you are not the veteran)	
3. Your address Street		5. Veteran's Social Security Number (If you are not the veteran)	
		6. Date Starting Active Duty	7. Date Ending Active Duty
8. Has veteran received a dishonorable discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. Branch of Service	10. Rank at Discharge

DISABLED VETERAN CLAIMANTS – If the veteran is eligible for or receiving 10% or more disability compensation or pension for a service connected disability incurred during one of the covered periods of service CURRENT PROOF OF DISABILITY IS REQUIRED.			
11. Give percent disability receiving or entitled to receive %		12. Present location veteran's disability records (V.A. Office)	
13. Nature of Disability	⇒	14. Claim Number	

SPOUSE OF A DISABLED VETERAN - The spouse of veteran who is eligible for or receiving 10% or more disability compensation or pension for a service connected disability incurred during one of the covered periods is entitled to the same preference as the veteran provided the veteran is not in the employment of the State, or of any County, Municipality, or School District covered by the Department of Personnel and further provided that the veteran waives all preference as long as the spouse is employed by any of the aforementioned jurisdictions.	
15. Are you presently married to the Veteran named in Item 4 above? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. Will the veteran waive the right to use of the D.V. Status in your favor? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, veteran must sign here)
17. Is the veteran now employed by the State or any other Jurisdiction covered by the Department of Personnel <input type="checkbox"/> YES <input type="checkbox"/> NO	⇒ Veteran's Signature

SURVIVING SPOUSE OF A DISABLED VETERAN (OR) SURVIVING SPOUSE OF A VETERAN WHO DIED IN SERVICE – Until s/he remarries is entitled to the same preference as a disabled veteran. Copy of Death Certificate or Report of Casualty required.	
18. Date of Death	19. Has a parent of the veteran named in Item 4 above used the parent's preference with the New Jersey Department of Personnel? <input type="checkbox"/> YES <input type="checkbox"/> NO
20. Were you married to the veteran named in Item 4 above at the time of the veteran's death? <input type="checkbox"/> YES <input type="checkbox"/> NO	21. Have you remarried since the death of this veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO

SURVIVING SPOUSE OF A VETERAN WHO DID NOT DIE IN THE SERVICE – is entitled, until the surviving remarries, to the same preference to which the veteran, if living, would be entitled. Copy of Death Certificate required.	
22. Were you married to the veteran named in Item 4 above at the time of the veteran's death? <input type="checkbox"/> YES <input type="checkbox"/> NO	23. Date of Death
24. Have you remarried since the death of this veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	

GOLD STAR PARENT - The parent of a veteran who died while in service is entitled to Disabled Veteran's Preference. If both a parent and spouse survive, the use of such preference by either shall suspend the right of the other. Report of Casualty required.		
25. Date of Death	27. Name and Address of surviving spouse	28. Has surviving spouse ever used the spouse's Veterans Preference in securing public Employment in New Jersey? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. Was deceased veteran married? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, complete items 27 and 28)		

27. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

CERTIFICATION: I certify that the statements made by me to the foregoing questions are true to the best of my knowledge and belief. If any of the statements in this application are false, I am aware that I am subject to criminal proceedings.

YOUR SIGNATURE **DATE** **TELEPHONE**

CIVIL SERVICE VETERAN'S PREFERENCE CLAIM FORM

To be eligible for **veteran's preference/status** under New Jersey Law, one must have served on active duty during one of the following periods. Proper documentation is required (WD Form 53-55, DD Form 214, Honorable Discharge Certificate, and VA Disability Award Letter).

1. **World War II:** 90 days active duty on or after September 16, 1940 and must have begun on or before December 31, 1946.
2. **Korean Conflict:** 90 days active duty on or after June 23, 1950 and must have begun on or before January 31, 1955.
3. **Vietnam Conflict:** 90 days active duty on or after December 31, 1960 and must have begun on or before May 7, 1975.

To be eligible for **veteran's preference/status** under New Jersey Law for the following peacekeeping missions, one must have served in Lebanon, Grenada, Panama, the Persian Gulf, Bosnia, Herzegovina, Haiti, Operation Enduring Freedom, or Operation Iraqi Freedom, or on board any ship actively engaged in patrolling the territorial waters of that nation for a period of at least 14 days beginning on or before the date of termination of that mission or operation. Proper documentation is required (DD Form 214, Honorable Discharge Certificate, and VA Disability Award Letter).

4. **Lebanon Crisis:** 14 days on or after July 1, 1958, commencing on or before November 1, 1958.
5. **Lebanon:** 14 days on or after September 26, 1982 and must have begun on or before December 1, 1987.
6. **Grenada:** 14 days on or after October 23, 1983 and must have begun on or before November 21, 1983.
7. **Panama:** 14 days on or after December 20, 1989 and must have begun on or before January 31, 1990.
8. **Operation Desert Shield/Desert Storm:** 14 days on or after August 2, 1990 to February 28, 1991.
9. **Somalia:** 14 days on or after December 5, 1992 and must have begun on or before March 31, 1994.
10. **Bosnia and Herzegovina (Operation Joint Endeavor/Operation Joint Guard):** 14 days on or after November 20, 1995 and on or before June 20, 1998.
11. **Haiti (Operation Uphold Democracy):** 14 days on or after September 19, 1994 and on or before March 31, 1995.
12. **Operation Enduring Freedom:** 14 days on or after September 11, 2001.
13. **Operation Iraqi Freedom:** 14 days on or after March 19, 2003.
14. **Operations Southern and Northern Watch:** 14 days on or after August 27, 1992.

27. DEFINITION OF RACIAL CATEGORY

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

To be eligible for disabled veteran's preference, one must be a "veteran" as described above and must have incurred a disability for which the veteran is receiving 10% or greater disability compensation from the US Department of Veterans Affairs. Spouses of disabled veterans, surviving spouses of disabled veterans or veterans and parents of veterans who died in service are eligible for preference, if the veteran would have been eligible for veteran's preference. Proper documentation is required (DD Form 214, Honorable Discharge Certificate, and VA Disability Award Letter).

NOTE: Individuals whose only active service was for training (basic training, advanced training, officer candidate school, weekend drills, and annual training) in connection with a Reserve or National Guard obligation are not eligible for Veteran's Preference/Status.

NOTE: Merchant Marine Personnel who served in World War II, and who present a DD-214 which establishes 90 days of active service during the period noted above, are entitled to Veteran's Preference.