STATE OF IDAHO, MILITARY DIVISION EMPLOYMENT APPLICATION SPB-1, Feb 00			
<ol> <li>Submit application packets (Employment Application, SPB-1 and a Requirements and Knowledge, Skills and Abilities on a separate sheet Opportunity Worksheet, SPB-1B) no later than 4:30 PM on the closing Personnel Branch, 4794 General Manning Avenue, Building 442, Gowe 2. Please keep a copy of your application materials. The State Person</li> </ol>	of paper; if requesting Ve date of the announcemer en Field, Boise, Idaho 83	eterans' Preference, SP nt to the Military Division 705-8112.	B-1A, and an Equal Employment
Announcement number	Position Title		
Mr. 🗌 Ms. 🗌 Mrs. 🗌	SOCIAL SEC	CURITY NUMBER	
LAST NAME	FIRST NAMI	E	MI
MAILING ADDRESS			
CITY	STATE		ZIP
HOME PHONE OTHER PHONE ( )		E-MAIL ADDRESS	
EDUCATION: Schools attended after High School, inclu School:	ude Military Training FROM:	and other Special TO:	Training DID YOU GRADUATE? YESNO
Location:		Type of Degree or Diploma:	
School:	FROM:	TO:	DID YOU GRADUATE? YES NO D
Location:		Type of Degree or Diploma:	
School:	FROM:	TO:	DID YOU GRADUATE? YES NO NO
Location:		Type of Degree or Diploma:	
(If more space is needed attach a separate sheet of paper.) Continued on reverse side.			

Current Unit of Assignment:	<b>FARY UNIT OF ASSIGNMENT:</b> rrent Unit of Assignment:       Service         Branch:		MOS/AFSC:	Supervisor:	
ocation:			May we contact this employer? YES NO Phone:		
(If more space is needed attach a		•••			tich
MPLOYMENT HISTORY: List your wor Employer:	From:		o:	Hrs/week:	Job Title:
Address:	Phone:		Supe	rvisor:	May we contact this employer? YES ONO
Reason for leaving:	I				
Employer:	From:	Т	0:	Hrs/week:	Job Title:
Address:	Phone:		Supe	rvisor:	May we contact this employer? YES NO
Reason for leaving:					1
Employer:	From:	Т	0:	Hrs/week:	Job Title:
Address:	Phone:		Supe	rvisor:	May we contact this employer? YES ONO
Reason for leaving:					
Employer:	From:	Т	0:	Hrs/week:	Job Title:
Address:	Phone:		Supe	rvisor:	May we contact this employer? YES ONO
Reason for leaving:	I				
Except for minor traffic offenses, ha or had a withheld judgment to a feld If YES please explain on a separate	ony offense?	•	Ũ		<sup>t,</sup> yes 🗌 no 🗌
I certify that I am in compliance with ( <b>Draft Registration</b> ).	the provisions o	f the Sel	ective	Service Act	YES 🗌 NO 🗌
I certify that I am a U.S. citizen, per authorization to work in the United S		or a Fore	eign Na	ational with	YES 🗌 NO 🗌
Signature					Date

# STATE OF IDAHO, MILITARY DIVISION VETERANS PREFERENCE FORM, SPB-1A, OCT 06

#### If you are requesting veterans preference points, please complete this form.

#### Idaho law provides veterans preference points for veterans or eligible spouses who:

- Have been in active service in the Armed Forces of the United States during one of the time periods shown in Section One below, OR have been awarded an Armed Forces Expeditionary Medal, OR
- Are disabled veterans who served on active duty in the Armed Forces at any time, OR
- Are Purple Heart recipients, OR
- Are the widow or widower of such individuals and who have not remarried, OR
- Are the qualifying spouses of eligible disabled veterans who cannot qualify for any public employment because of a service-connected disability.

## **VETERANS PREFERENCE INFORMATION**

To determine your eligibility for veterans preference points, please complete all applicable section(s).

NOTE: Preference points are used only for the initial appointment in each state agency after veteran status is obtained, and not for promotion.

## **GENERAL ELIGIBILITY**

1. Were you discharged under honorable conditions, or are you the spouse of an honorably discharged, preference-eligible veteran claiming preference under Section Three or Four?



NO If you answered NO to the question, you are not eligible for preference points.

2. Have you ever received an "initial appointment" by any State of Idaho agency? (Initial appointment does not include temporary or casual employment to include State Active Duty, or an office filled by election)

YES NO If you answered YES to the question, you are not eligible for preference points.

#### SECTION ONE: PREFERENCE ELIGIBLE VETERANS

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. Section 2108)

The term 'active duty' means full-time duty in the Armed Forces, other than active duty for training.

I served on active duty at any time from December 7, 1941, and ending July 1, 1955.

□ I served on active duty for 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976.

I served on active duty at any time from August 2, 1990, and ending on January 2, 1992.

□ I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.

□ I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEMs whether listed here or not, are qualifying for veterans preference and must be shown on your DD Form 214. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service Medal alone does NOT qualify).

For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veterans preference, go to: <a href="http://www.opm.gov/veterans/html/vgmedal2.htm">www.opm.gov/veterans/html/vgmedal2.htm</a>

I do not meet any of the selections above, but I served on active duty in the Armed Forces of the United States for a period of more than one hundred eighty (180) days and was honorably discharged.

#### SECTION TWO: DISABLED VETERANS AND PURPLE HEART RECIPIENTS

1. Have you served on active duty in the Armed Forces at any time, and do you have a current serviceconnected disability of 10% or more, or are you a Purple Heart recipient?

YES 🗌	NO
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2. Have you served on active duty in the Armed Forces at any time, and do you have a current serviceconnected disability of 30% or more?

YES 🗌	NO [
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#### SECTION THREE: SPOUSES OF DISABLED VETERANS

Are you the spouse of an eligible disabled veteran who cannot qualify for any public employment because of a service-connected disability?

YES 🗌	NO 🗌
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#### SECTION FOUR: WIDOWS OR WIDOWERS OF PREFERENCE ELIGIBLE OR DISABLED VETERANS

1. Are you the widow or widower of a preference eligible veteran as shown in Section One, and have you remained unmarried?

YES 🗌	NO

OR

2. Are you a widow or widower of a disabled veteran or Purple Heart recipient and have you remained unmarried?



#### SECTION FIVE: CERTIFICATION OF ELIGIBILITY FOR VETERANS PREFERENCE POINTS

I have provided copies of the following documents to confirm my eligibility for veterans preference points: (check all that apply, and attach copies to this form)

DD Form 214, Certificate of Release or Discharge from Active Duty Veteran's Administration Disability Status Letter Veteran's Death Certificate

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, my name removed from consideration or my employment with the state terminated.

Name (Please Print)

Signature

Social Security Number

Date

If you have any questions regarding veterans preference points, please call the Human Resources Office, State Personnel Branch at 208-422-3347/4236/4235.

# STATE OF IDAHO, MILITARY DIVISION EQUAL EMPLOYMENT OPPORTUNITY INFORMATION, SPB-1B, Feb 00

- The Military Division, Human Resources Office, State Personnel Branch monitors recruitment and selection programs in order to assure equal employment opportunity.
- We appreciate your cooperation by voluntarily furnishing us with the information requested below.
- This information will be kept confidential and used only for affirmative action reporting purposes as specified by law.
- This information is used for statistical reporting and will be kept separate from the application.

SOCIAL SECURITY NUMBER

# OF THE FOLLOWING, WHICH ONE (1) RACIAL/ ETHNIC GROUP DO YOU CONSIDER YOURSELF?

- BLACK
- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- HISPANIC (of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or Origin)
- WHITE

# OF THE FOLLOWING WHICH ARE APPROPRIATE?

- MALE
- FEMALE
- OVER 40 YEARS OF AGE
- VIETNAM ERA VETERAN