

**APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

U.S. Office of Personnel Management

Form Approved:
O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)

2. Home address (Street Number, City, State and ZIP Code)

VETERAN INFORMATION (to be provided by person applying for preference)

3. Veteran's name (Last, First, Middle) exactly as it appears on Service Records

4. Periods of service

Branch of service	Date entered active duty	Date Separated or Released from Active Duty (if applicable)

TYPE OF 10-POINT VETERANS' PREFERENCE CLAIMED

Instructions: Check the block indicating your veterans' preference claim. Answer any questions associated with a block. The Required Documentation column refers you to information provided on the back of this form regarding the types of documents that are acceptable proof of your claim for preference. (Please note that eligibility for veterans' preference is governed by 5 U.S.C. 2108, 2108a, and 5 CFR part 211. All conditions are not fully described on this form due to space restrictions.) *For more information, see www.opm.gov/veterans.*

	Required Documentation (See reverse of this form.)	Yes		No	
<input type="checkbox"/> 5. Veterans' preference based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the Department of Veterans Affairs (DVA).	A and B				
<input type="checkbox"/> 6. Veterans' preference based on a compensable service-connected disability of 10% or more as determined by the DVA or disability retirement from a Military Service Department.	A and C				
<input type="checkbox"/> 7. Veterans' preference for a living veteran's spouse based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal Government job, or any other position.	C and H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8. Veterans' preference for a veteran's widow or widower.	A, D, E, and G (Submit G when applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Veterans' preference for a ^{parent} mother of a veteran who has a service-connected disability that is permanent and totally disabling, or who is deceased provided you are or were married to the veteran's father and • your ^{spouse} husband is totally and permanently disabled; or • you are widowed, divorced, or separated from the veteran's father and have not remarried; ^{unmarried or, if married, legally separated} or • you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. ^{from your spouse.}	Disabled Veteran C, F, and H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deceased Veteran A, D, E, and F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIVACY ACT AND PUBLIC BURDEN STATEMENT
 The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference.

Public burden reporting for this collection of information is estimated to take approximately ³³ 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

→ **Authority:** Veterans' Preference Act of 1944, as amended, as found in provisions of 5 U.S.C. 2108 and 2108a. **Purpose:** the information will be used, along with accompanying documentation to determine whether you are entitled to 10-point veterans' preference. **SORN:** OPM SORN GOVT-5 Recruiting, Examining and Placement Records. **Routine Uses:** The information from this form may be disclosed to a Federal, State, or local agency, or to an executive, legislative, or judicial branch of Government for determination or verification of an individual's entitlement to benefits, to check on law violations and related authorized purposes. A complete list of routine uses can be found in OPM SORN GOVT-5. **Disclosure:** Provision of this information is voluntary. **Consequences:** Failure to furnish any part of the required information may result in a decision that you are not eligible for 10-point veterans' preference.

Standard Form 15
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All other previous editions are unusable.
January 2019