



**Human Resources/Affirmative Action**

Hamilton Hall, Suite 7  
P. O. Box 172430  
Bozeman, MT 59717-2430

Telephone (406) 994-2042  
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**Veterans Preference Notice Form**

Under the Montana Veterans Employment Preference Act, U. S. veterans, disabled veterans, and certain eligible relatives of veterans are entitled to preference in public employment. You may claim this preference by checking the appropriate items below, signing the attestation, and returning the form to: **HR/AA, P.O. Box 172430, Montana State University, Bozeman, MT 59717-2430.**

**I declare that:**

- I am a United States citizen AND
- a person who was separated under honorable conditions from active duty in the armed forces after having served more than 180 consecutive days, other than for training; or a person who, as a member of a reserve component under an order of active duty pursuant to 10 U.S.C. 12301 (a), (d), or (g) 10 U.S.C. 12302, or 10 U.S.C. 12304, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from duty under honorable conditions; OR
- a person who was separated under honorable conditions from active duty in the armed forces and has established the present existence of a service-connected disability, or is receiving compensation, disability retirement benefits, or pension because of a law administered by the department of veterans affairs or a military department, or has received a purple heart medal; OR
- (a) the unmarried surviving spouse of a veteran or disabled veteran;
- (b) the spouse of a disabled veteran who is unable to qualify for appointment to a position;
- (c) the mother of a veteran who died under honorable conditions while serving in the armed forces and whose spouse is totally and permanently disabled;
- (d) a mother who is the widow of the father of the veteran who has not remarried;
- (e) a mother of a permanently and totally disabled veteran whose spouse is totally and permanently disabled; or
- (f) a mother who is the widow of the father of a veteran and who has not remarried.

***I hereby affirm that the information provided above is true and correct.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Print or Type Full Name*

\_\_\_\_\_  
*Position Applied For*

----- Do not write below this line -----  
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\_\_\_\_\_  
Search Number

\_\_\_\_\_  
Date Sent

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Date Received

\_\_\_\_\_  
Date Committee Notified