THE NAVAJO NATION
DEPARTMENT OF PERSONNEL MANAGEMENT
APPLICATION FOR VETERANS’ EMPLOYMENT PREFERENCE

APPLICANT’S NAME: _________________________________
First    Middle    Last
SOCIAL SECURITY NO.: _________________________________

CHECK THE APPROPRIATE BOX IF YOU ARE CLAIMING VETERANS’ EMPLOYMENT PREFERENCE:

☐ A Veteran who has an existing compensable service-connected disability who is able to work.

☐ A Veteran of any war or peacetime who has served on active duty for 181 calendar days or more or who has served 180 calendar days or more, other than for training, since January 31, 1955 and who was discharged or separated under honorable conditions from the U.S. Armed Forces.

☐ A Veteran who sustained a service-connected disability prior to completing 180 calendar days of active duty.

☐ The spouse of a Veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a Veteran killed in the line of duty, or missing in action, captured by a hostile force(s); forcibly detained or detained by a foreign government/power.

☐ The un-remarried surviving spouse of a Veteran who died of a service-connected disability.

Please complete the following information:

1. Service Entry Date: __________________________ Discharge Date: __________________________

2. Branch of Service: ______________________________________________________________

3. Type of Discharge: ______________________________________________________________
   (Attach DD Form 214/215 or other certification that provides the required information.)

Have you claimed and been employed with the Navajo Nation in a position for which you have claimed Veterans’ Preference? *Yes ____ No ____
*If yes, give name of department: _____________________________________________________

APPLICANT’S CERTIFICATION AND ACKNOWLEDGEMENT:

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that falsification of this information shall disqualify me from claiming Veterans’ Employment Preference and, if employed, I shall be subject to disciplinary action up to and including termination.

I acknowledge that I received, read and understand the appropriate procedures to follow in order to initiate an appeal to any non-compliance with the Veterans’ Preference laws as provided to me in the General Information: Application for Veterans’ Employment Preference.

______________________________  ________________________________
Applicant’s Signature  Date

FORM: DPM.VEP.06