



EMPLOYMENT PREFERENCE ELIGIBILITY FORM

Department of Human Resources – City of Missoula

435 Ryman Street, HR Suite, City Hall Bldg., Missoula, MT 59801

The City of Missoula will provide preference in employment to eligible disabled veterans, other veterans, and certain relatives under Montana Veterans' Public Employment Preference Law ([MCA 39-29-101 et. Seq.](#)). Preference in employment will be given to eligible individuals with disabilities and certain spouses; when they are substantially equal in qualifications to others applying for initial appointments to positions per Montana Persons with Disabilities Employment Preference Act ([MCA 39-30-103 et. Seq.](#)). Proper documentation must be attached; please upload DD214, DPHHS Certification, or other documentation.

Person Applying for Preference

Name (Last, First, Middle):

Position:

Department:

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the City of Missoula will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, within the Department of Public Health and Human Services (DPHHS), for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference**, you must be a U.S. Citizen and:

(check one of the boxes below)

A Veteran, if:

1. You were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than training for the Army, Air Force, Navy, Marines, or Coast Guard; or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years' service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if:

1. You were separated under honorable conditions from military duty, **AND**
2. You have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or Military Department, **OR** you have received a Purple Heart.

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- The spouse of a disabled veteran** if veteran's disability prevents him or her from working.
- The un-remarried surviving spouse of a veteran or disabled veteran.**
- The mother of a veteran, if:**
 1. The veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
 2. Your spouse is totally and permanently disabled, **OR** you are the un-remarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be:
(check one of the boxes below)

- A person with a disability** certified by DPHHS, **OR**
- The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **Check a box below, for the attachment you have included to document your eligibility for employment preference.**

- | | |
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| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter |
| <input type="checkbox"/> DPHHS Disability Certification | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying Service |

Signature (typed or written):
Printed Name:
Date: