City of Glenns Ferry
PO Box 910 | 110 E. 2nd Ave. | Glenns Ferry, ID 83623
Phone: (208)366-7418 | Website: glennsferryidaho.org

VETERANS PREFERENCE SUPPLEMENTAL FORM

(IDAHO Code Title 65, Chapter 5)

APPLICANT INFORMATION

Full Name: _____

SECTION 1: VETERAN STATUS (CHECK ONE)

☐ I have a service-connected disability of 10% or more.
☐ I am the spouse of a disabled veteran with a service-connected disability.
☐ I am the un-remarried widow/widower of an eligible veteran.
☐ I served on active duty for more than 180 days and was honorably discharged.

SECTION 2: DOCUMENTATION

Attach a copy of your **DD-214** or equivalent proof of service.
Have you previously claimed this preference with the City of Glenns Ferry? ☐ Yes ☐ No

CERTIFICATION

I certify that all statements are true and I authorize the release of the information listed above for employment purposes.

Signature: _____ Date: _____