



Complete Name of Veteran's Spouse: \_\_\_\_\_  
(First, MI, Last)

Complete Name of Veteran's Mother: \_\_\_\_\_  
(First, MI, Last)

Complete Name of Veteran's Father: \_\_\_\_\_  
(First, MI, Last)

***✓ Check each of the following boxes that apply to the veteran named above:***

- The veteran currently receives disability assistance from the Veterans Administration.
- The veteran claimed veterans status and veterans employment preference on a State of Illinois Employment Application.
- The veteran is employed by Illinois state government, which includes the State Universities Civil Service System employers.
- The veteran's disability prevents the veteran from qualifying for state government employment.

***✓ Check the condition under which you are claiming eligibility for veteran's preference:***

- I am the spouse of a veteran with a service-connected disability.
- I am the surviving and unremarried spouse of a deceased veteran whose death was service-connected.
- I am the parent of an unmarried veteran who suffered a service-connected death or a service-connected disability.

***IMPORTANT NOTE: If you, as a parent or spouse of a veteran, are requesting veterans' preference point, you are to submit appropriate proof at the time of application. This means you must submit documentation that the disabled veteran is currently receiving assistance from the Veterans Administration for a service-connected disability, the veteran's military discharge papers (DD 214), marriage certificate, or death certificate of the veteran.***

***I certify that the information which I have provided on this questionnaire is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature