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## U.S. Military Veteran's Information Form

~All fields MUST be completed~

**Purpose:** To provide better and more directed employment services for veterans. The information on this form will be kept confidential.

**Date:** \_\_\_\_\_

SSN: _____ - _____ - _____	Name: _____
Address: _____	City: _____ State: _____
Zip Code: _____	Phone: (____) _____

1.	Circle your branch of service and indicate the type of duty: Branch of Service: <b>Army / Navy / Air Force / Marines / Coast Guard</b> Type of Duty: Active / Reserve / National Guard	
2.	Dates of Military Service – From: _____ / _____ / _____ To: _____ / _____ / _____ MM / DD / YY MM / DD / YY	
3.	Have you been unemployed for <b>7-months or more</b> ?	Yes / No
4.	Do you have a <b>service-connected disability rating</b> of 0% or above, or were you released from the military with a <b>medical discharge</b> ?	Yes / No
5.	Have you plead guilty to or been convicted of any criminal offense other than a minor traffic violation?	Yes / No
***	Do you want an Employment Representative to contact you? If <b>YES</b> , I prefer to be contacted via:	Yes / No
	_____ <b>Phone</b> _____ <b>Mail</b> _____ <b>E-Mail:</b> _____	

**PRIVILEGED TO SERVE OUR AMERICAN VETERANS**