**VETERANS, WIDOWS, AND ORPHANS PREFERENCE FORM**

The University of Texas Health Science Center at Houston (UTHealth) adheres to a preference in employment for certain Veterans, Surviving Spouses of Veteran and Orphans of the Veterans as granted in the Veteran’s Employment Preference Act. UTHealth invites job applicants to voluntarily self-identify their veteran’s status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse employment action. If you have any questions concerning this questionnaire, please contact Human Resources at (713) 500-3079.

**GENERAL INFORMATION**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

**EOD No. for Search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return this form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATUS QUESTIONS**

**Please check all that apply.**

In this section, **“veteran”** means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or in an auxiliary service of one of those branches of the armed forces. **“Established service-connected disability”** means a disability that has or may be established by official records.

 \_\_\_\_\_ You are a **US Veteran** who**:**

1. served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law (from 1933 to present); **or**

served less than 90 consecutive days and was discharged from military service for an established service connected disability; **and**,

1. was honorably discharged from military service; **and,**
2. is competent.

If you are a US Veteran, what branch of service did you serve in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF SERVICE: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ You are a S**urviving Spouse of a Veteran** who:

1. was married to a veteran who was killed while on active duty; **and**
2. is competent; **and**
3. has not remarried; **and**
4. was married to a veteran who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law (from 1933 to present).

If you are a Surviving Spouse of a Veteran, what branch of service did the Veteran serve in? \_\_\_\_\_\_\_\_\_\_\_\_

Veteran’s Dates of Service: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ You are an **Orphan of a Veteran** who:

1. is the child of a veteran who was killed while on active duty; **and**
2. is the child of a veteran who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law (from 1933 to present); **and**
3. is competent.

If you are a Surviving Spouse of a Veteran, what branch of service did the Veteran serve in? \_\_\_\_\_\_\_\_\_\_\_\_

Veteran’s Dates of Service: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Veteran’s DATES OF SERVICE:** from **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**