



## ADA COUNTY VETERANS' PREFERENCE FORM

Veteran Information	
Name _____	
Branch of Service _____	Rank upon Separation _____
Date entered Military Service _____	Separation Date _____
Type of Discharge _____	
Disabled Veteran	
Please state your percentage of Disability _____	
Do you receive pension or compensation for non-service connected disabilities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifying Husband/Wife, Widow/ Widower:	
Your Name _____	
Is the Veteran stated above:	<input type="checkbox"/> Disabled <input type="checkbox"/> Deceased
If Veteran is deceased, have you remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To claim Veterans' Preference through Ada County please complete the Veterans' Preference form and return with your DD 214 and, if applicable, your letter from Veterans Affairs stating your disability determination to the Human Resource Office:

By email: [jobs@adaweb.net](mailto:jobs@adaweb.net)

By fax: 208 287-6999

By mail: Ada County Human Resources  
200 W. Front Street, Room 2210  
Boise, ID 83702