Standard Form 15 (Rev. 2/90) (EG) U.S. Office of Personnel Management FPM Supplement 296-33 FPM Chapter 211

# **APPLICATION FOR 10-POINT VETERAN PREFERENCE**

(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

Form Approved: O.M.B. No. 3206-0001

	EFERENCE 🛷		Enter of the second of the sec					
1. Name (Last, First, Middle)	2. Name and Announcement Number	of Civil Se	rvica or f	Postal Service Exam				
HAGGARD, CURTIS DEAN		*****	You Have Applied For or Position V	Vhich You	Currently	/ Оссиру		
3. Home Address (Street Number, City,	State and ZIP Code)		Verver					
54 LAWHORN ROAD								
STAFFORD, VA 22554-7616			7168			as Hald or Application Submitted		
<b>VETERAN INFORMATION (to</b>	be provided by	person applying for	preference)	**				
6. Veteran's Name (Last, First, Middle) I	Exactly As It Appears	on Service Records						
HAGGARD, CURTIS DEAN								
7. Veteran's Periods of Service				Veteran's Social Security Number				
Branch of Service	ervice From To		Service Number	7168				
U. S. NAVY 0.	4/28/1978	09/30/2002		9. VA Claim Number, If Any				
			7168					
TYPE OF 10-POINT PREFERE								
INSTRUCTIONS: Check the block which in you to the back of this form for the document FPM chapter 211. All conditions are not fully five point preference are on SF 171, Application	s you must submit to su , described in this form	pport your application, (PLEA because of snace restrictions.	SE NOTE: Eligibility for veterans' prefere.  The office to which you apply can provide	nce is gover	med by 5 information	HECC - STOR COCK B. Sale		
						(See reverse of this form.)		
10. VETERAN'S CLAIM FOR service-connected disability; a pension under public laws adm	ward of the Purple H	sed on non-compensable leart; or receipt of disability		-		A and B		
11. VETERAN'S CLAIM FOR PR	EEEDENCE based o	a aliaihilihi fas as saosiat at						
compensation from the VA or of	disability retirement fro	m a Service Department for				→ A and C		
a service-connected disability.					1			
12. PREFERENCE FOR A SPOU	SE of a living veterar	n based on the fact that the	a. Are you presently married	YES	NO	C		
veteran, because of a service for a Federal or D.C. Govern	-connected disability, nent job, or any othe	has been unable to qualify roosition along the lines of	to the veteran?			C and H		
his/her usual occupation. (If y for preference and need not su	our answer to item "a	" is "NO", you are ineligible						
io. preserence and need hot su	onn this torn.)							
(If your answer is "NO" to iter	13. PREFERENCE FOR WIDOW OR WIDOWER of a veteran.  (If your answer is "NO" to item "a" or "YES" to item "b", you are ineligible for preference and need not submit this form.)					A, D, E, and G (Submit G when applicable.)		
<b>,</b>	a uno rossnity	,	<ul> <li>b. Have you remarried? (Do not count marriages that were annulled.)</li> </ul>					
14. PREFERENCE FOR (NAT permanently and totally disable married to the father of the vete	ed, or deceased veter:	of a service-connected an provided you are or were	a. Are you married?			DISABLED VETERAN: C, F, and H (Submit F when applicable.)		
<ul> <li>your husband (either the ve totally and permanently disable</li> </ul>	eteran's father or the I	nusband of a remamiage) is	<ul> <li>b. Are you separated? If "YES", do not complete "c". Go to "d".</li> </ul>			(and the second		
<ul> <li>you are now widowed, divo</li> </ul>	orced, or separated fro	om the veteran's father and	50 Hot 50/14/5/5 0 : 50 to 0 :					
	have not remarried, or — you are widowed or divorced from the veteran's father and have remarried,					DECEASED VETERAN: A, D, E, and F		
but are now widowed, divor	but are now widowed, divorced, or separated from the husband of yo remarriage. (if your answer is "NO" to item "c" or "d", you are ineligible!		disabled?			(Submit F when applicable.)		
preference and need not subm		a, you are mengione for	d. If the veteran is dead, did he/ she die in active service?					
PRIVACY ACT AND PU The Veterans' Preference Act of 1944 authorize will be used, along with any accompanying de 10-point veterans' preference. This informatio Affairs, or the appropriate branch of the Arme- State, or local agency for checking on law vic Federal, State, or local government agency, assistance program; or (4) other Federal, State and international organizations for purposes Office of Personnel Management list of eligibil to use the Social Security Number (SSN) to it systems, Your SSN will be used to ensure act also be used to identify  I certify that all of the statements made in	es the collection of this beamentation to determin in may be disclosed to; (d Forces to verify your colations or for other rela- if you are participate, or local government as of employment conside ess. Executive order 93/ entify individual record curate retention of record this claim are true, or	information. The information ne whether you are entitled to 1 the Department of Veterans claim; (2) a court, or a Federal, ted authorized purposes; (3) a ng in a special employment gencies, congressional offices, ration, e.g., if you are on an 7 authorizes Federal agencies in Federal personnel records ds pertaining to you and may complete, and correct to the	information sought is voluntary. How result in a ruling that you are not elig processing of your application for empl Public burden reporting for this collect minutes per response, including time for gathering and maintaining the data nu information. Send comments regarding of information, including suggestion Management Officer, U.S. Office of Pt Washington, D.C. 20415; and to the O Project (3206-0001), Washington, D.C.  This Form Must Be Signed &	ever, failure ible for 10- oyment, ion of infor reviewing eeded, and if the burden is for reductional Martine of Ma 20503.  By All Pers	mation is instruction completic estimate icing this inagement	de any part of the information may erans' preference or in delaying the estimated to take approximately 16 ons, searching existing data sources and reviewing the collection of or any other aspect of this collection is burden to Reports and Form, t, 1900 E Street, N.W., Room 6410 and Budget, Paperwork Reduction		
best of my knowledge and belief and ar question may be grounds for not employin and may be punishable by fine or imprison	e made in good faiti g you, or for dismissir	n. (A false answer to any ig you after you begin work,	Signature of Person Claiming Prefe	arence		Date Signed (Month, Day, Year)		
OR USE BY APPOINTING OFFICER ON	_Y	*************************	Preference Entitlement Was Ve	erified				
ignature and Title of Appointing Officer			Name of Agency	Date Signed (Month, Day, Year)				

#### **DOCUMENTATION REQUIRED - READ CAREFULLY**

(PLEASE SUBMIT PHOTOCOPIES OF DOCUMENTS BECAUSE THEY WILL NOT BE RETURNED)

A. DOCUMENTATION OF SERVICE AND SEPARATION UNDER HONORABLE CONDITIONS

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service:

- Honorable or general discharge certificate.
- Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
- 3. Orders of Transfer to Retired List.
- 4. Report of Separation from a branch of the Armed Forces.
- Certificate of Service or release from active duty, provided honorable separation is shown.
- Official Statement from a branch of the Armed Forces showing that honorable separation took place.
- Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B or C below, that the veteran was honorably separated from military service.
- Official statement from the Military Personnel Records Center that official service records show that honorable separation took place.
- B. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (NON-COMPENSABLE, I.E., LESS THAN 10%); PURPLE HEART; AND NONSERVICE-CONNECTED DISABILITY PENSION

Submit one of the following documents:

- An official statement, dated within the last 12 months, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
- An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
- An official statement, dated within the last 12 months, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.
- C. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (COMPENSABLE, I.E., 10% OR MORE)

Submit one of the following documents, if you checked Item 11 on the front of this form:

- An official statement, dated within the last 12 months, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the veteran's present receipt of compensation for service-connected disability or disability retired pay.
- An official statement, dated within the last 12 months, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.

 An official statement or retirement orders from a branch of the Armed Forces, showing that the retired serviceman was retired because of permanent service-connected disability or was transferred to the permanent disability retirement list. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans checking Items 12 or 14, submit the following:

An official statement, dated within the last 12 months, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying: 1) the present existence of the veterans service-connected disability, 2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage), 3) a notation as to whether or not the veteran is currently rated as "unemployable" due to the service-connected disability, and 4) a notation as to whether or not the service-connected disability is rated as permanent and total.

### D. DOCUMENTATION OF VETERAN'S DEATH

- If on active military duty at time of death, submit official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
- If death occurred while not on active military duty, submit death certificate.
- E. DOCUMENTATION OF SERVICE OR DEATH DURING A WAR, IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE IS AUTHORIZED, OR DURING THE PERIOD OF APRIL 28, 1952 THROUGH JULY 1, 1955

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. DOCUMENTATION OF DECEASED OR DISABLED VETERAN'S MOTHER'S CLAIM FOR PREFERENCE BECAUSE OF HER HUSBAND'S TOTAL AND PERMANENT DISABILITY.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. DOCUMENTATION OF ANNULMENT OF REMARRIAGE BY WIDOW OR WIDOWER OF VETERAN

Submit either:

- Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
- 2. A certified copy of the court decree of annulment.
- H. DOCUMENTATION OF VETERAN'S INABILITY TO WORK BECAUSE OF A SERVICE-CONNECTED DISABILITY

Answer questions 1 - 7 below:

4. What was the veteran's military of	occupation at the time of sep	aration?	
vice or D.C. Government?	YES	NO	
A. Title and Grade of Position Most Recently, or Currently, Held B. Name and Address of Agency			
	From	To	
the Federal civil service or D.C. ad disability?	YES	NO	
NO	CSA		
	Address of Agency the Federal civil service or D.C. d disability?	Address of Agency  C. Dates of Electronic From  the Federal civil service or D.C. d disability?  YES	



## **DEPARTMENT OF VETERANS AFFAIRS**

Washington Regional Office 1722 EYE Street, NW Washington DC 20421-1111

December 1, 2004

CURTIS D HAGGARD 54 LAWHORN RD STAFFORD VA 22554 In Reply Refer To: 372/21A1

CSS 7168 HAGGA, C D

Dear Mr. Haggard:

The following certificate is furnished for your use in establishing civil service preference. This Certificate is considered a permanent record of the veteran's service-connected disability(ies).

This is to certify that the records of the Department of Veterans Affairs disclose that the above named veteran is entitled to compensation for service-connected disability(ies) rated at 30 percent or more. This payment is made in accordance with public laws administered by the Department of Veterans Affairs. Our records indicate the veteran served on active duty in the Armed Forces, and was separated under honorable conditions.

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Sincerely yours,

Richard C. Hong

Richard C. Hong

Veterans Service Center Manager

Email us at: washingtondc.query@vba.va.gov



Veteran's Name: Haggard, Curtis, D

CURTIS D HAGGARD 54 LAWHORN RD STAFFORD VA 22554

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

### -- America is Grateful to You for Your Service--

Our records contain the following information:

## **Personal Claim Information:**

Your VA claim number is: 716 You are the Veteran

# **Military Information:**

Your character(s) of discharge and service date(s) include:
Navy, Honorable, 29-Apr-1978 - 30-Sep-2002
(You may have additional periods of service not listed above)

## **VA Benefits Information:**

Service-connected disability: Yes

Your combined service-connected evaluation is: 80 PERCENT

The effective date of the last change to your current award was: 01-DEC-2008

Your current monthly award amount is:

Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Not Indicated

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

D. SVIRSKY VETERANS SERVICE CENTER MANAGER

CEPTIFIC	ATE OF	Dr: -		DARD II.		AR	EAS RENDER	FORM VOID		
CERTIFICA	AIE UF	KELE	ASE OR	DISCHARGE F	ROM AC	TIVE DU	TY			
1. NAME (Last, First, Middle)			2. DEPARTMENT, COMPONENT AND BRANCH			3. SOCIAL SECURITY NO.				
HAGGARD, CURTIS DEAN  4.a. GRADE, HATE OR RANK 4.b. PAY GRADE				NAVY-USN			7168			
ETCM				i	5. DATE OF BIRTH (YYMMDD)			6. RESERVE OBLIG. TERM. DATE		
7.a. PLACE OF ENTRY INTO ACTIVE	DUTY	E9		55JUN2	Year NA Month Day					
THE STATE OF THE S	DUIT			7.b. HOME OF RECOR	D AT TIME OF	ENTRY (City	and state, or	r complete		
SAN DIEGO, CA				LAS VEGAS, NV						
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				8.b. STATION WHERE SEPARATED						
OPNAV ARLINGTON, VA	PERSUPPOET WASHINGTON DC									
9. COMMAND TO WHICH TRANSFER			<del>**</del>	10 SGILCOVERAGE						
NAVAL RESERVE PERSONNEL	. CENTER	, NEW	ORLEANS,	LA 70149	Amount: \$250,000.00					
11. PRIMARY SPECIALTY (List number specialty. List additional specialty)	er, title and y	ears and	l months in	12. RECORD OF SERVICE		Year(s) Month(s) Day(s:				
periods of one or more years.)	, HOULDELS &	io iiics	invoiving	a. Date Entered AD T	86	SEP	18			
ET-3363 SUBMARINE NUCLEA	R PROPUL	SION I	PLANT	b. Separation Date TI	02	SEP	30			
SUPERVISOR-REACTO	R CONTR	OL 183	RS 05MOS	c. Net Active Service	16	00	13			
3373 NUCLEAR PROPULSION	ON PLANT	MAIN	TENANCE		d. Total Prior Active Service			21		
SUPERVISOR-ELECTR	ONICS 19	YRS 06	MOS	e. Total Prior Inactive	00	00	29			
9502 INSTRUCTOR 10YRS	S 05MOS			t. Foreign Service		00	00	00		
X			X	g. Sea Service		07	08	12		
13. DECORATIONS, MEDALS, BADGE	S CITATIO	NS AND	CAMBAIGN B	h. Effective Date of F	ay Grade	97	MAR	16		
MERITORIOUS SERVICE MED	AL/NAVY	& MAF	UNE CORPS	COMMENDATION	MEDAI/NA	IAII periods α VV & λ1Δ1	of service)	ıc.		
ACHIEVEMENT MEDAL (3)/NA	VY EXPE	RT PIS	TOL SHOT	MEDAL NAVY EXP	FDITIONAD	V MEDAT	パリング・マンスト	) 		
DEFENSE SERVICE MEDAL (2)	/ARCTIC	SERVIC	E RIBBON	(2)/G000 C0NDUC	T MEDAL /	T MICOAL	(2)/!YA HU.	AL		
					. WEDVE (	muari i	NOBON :	(+).		
14. MILITARY EDUCATION (Course to	ile, number ( I a INITEN: A	of weeks	, and month a	nd year completedi	000000000000000000000000000000000000000					
ELECTRONICS TECHNICIAN M	TELLATIONE TELLATIONE	ひとない	CHOOL, IU	WKS, JUL92/KEAUT	OR PRINCI	LES, 02WI	CS, MAR94/	BASIC		
ELECTRONIC TEST EQUIPMEN	VI, UIWK,	DEC93	SHIPBOAK	D GAGE CALIBRAT	TION, 01WK	, APR89/SE	NIOR ENLI	ISTED		
ACADEMY, 09WKS, JUL95/GRO	JUP PACE	D CLA	22KOOM IN	STRUCTOR, 03WKS	5, APR92/QU	ALITY AS	SURANCE			
15.4. MEMBER CONTRIBUTED TO POST-VIETNAS	il ERA	Yes	No 15 h HIGH	I SCHOOL GRADUATE OR	Yes No	16. DAYS	ACCRUED LEA	AVE PAID		
VETEDANC: COLORATIONS AND			VALENT		NONE					
17 MEMBER WAS PROVIDED COMPLETE CENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION X										
T8. HEMARKS					***************************************			······		
THE INFORMATION CONTAIN	EECTED T	14 12 21	BIECT TO	COMPUTER MATCH	ING WITH	N THE DE	PARTMEN1	ſ OF		
DEFENSE OR WITH OTHER AF	TECTED!	יבטבאי	AL AND NO	N-FEDERAL AGEN	CY FOR VE	RIFICATIO	n purpose	ES AND		
TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF THE FEDERAL BENEFIT PROGRAM.										
		F1 1								
BLK 13 CONT: SEA SERVICE D	DEPLOYM.	ENT KI	BRON.	X	, X		X			
BLK 14 CONT: SUPERVISOR ,	ULWK, JUI	N89/ME			LITY, OIWK	, SEP93/TE	AM SKILLS	S &:		
CONCEPTS, 01WK, JUN93. X			X	Х		X		X		
SUBJECT TO ACTIVE DUTY RE	CALL BY	SECRE	TARY OF T	HENAVY. X		X		X		
EFFECTIVE DATE OF TRANSF	ER TO FLI	EET RE	SERVE: 020	OCT01. X		SER: 42557	7-02-2182 JC			
19.a. MAILING ADDRESS AFTER SEP	ARATION //-	ر 120 - اماريام		1.01 1.02.000 5.2.						
54 LAWHORN RD	19.b. NEAREST RELATIVE (Name and address - include Zip Code: JOAN L. HAGGARD 54 LAWHORN RD									
STAFFORD, VA 22554						HORN RD		!		
20. MEMBER REQUESTS COPY 6 BE SENT TO VA DIR. OF VET AFFAIRS X YES NO 22. OFFICIAL AUTHORIZED TO SIGN-FYRED name, grade, title										
21. SIGNATURE OF MEMBER BEING S	signature)	THE PLANT	Typed	name, grade,	title and					
Cellalour				C. D. PAYNE, PNHAW), USA BY DIROIC						
44.	<u> </u>		***************************************	1			21			
Si	PECIAL ADD	ITIONAL	INFORMATIO	N (For use by authorized	d agencies not	/1				
23. TYPE OF SEPARATION		·		24. CHARACTER OF S			······································			
TRANSFERRED TO FLEET RESERVE				HONORABLE						
25. SEPARATION AUTHORITY	25. SEPARATION AUTHORITY				26. SEPARATION CODE 27. REENTRY CO					
MILPERSMAN 1830-040				NBD RE-2						

28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT 29. DATES OF TIME LOST DURING THIS PERIOD

TL-NONE

RE-2

30. MEMBER REQUESTS COPY 4