

**THE CITY OF FORT WALTON BEACH  
APPLICANT SURVEY FORM**

The information requested below is voluntary and will not impact hiring decisions in any manner. The data will be used to comply with EEO, ADA, Affirmative Action and Veteran's Preference Programs.

**Please print or type:**

Position for which you are applying: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ( ) M ( ) F

Mailing Address: \_\_\_\_\_  
Street City State Zip

**Please check appropriate box(es):**

<b>CITIZENSHIP</b>  ( ) <b>R Resident Foreign National</b> An alien who has been admitted for permanent Residence (must have Alien Registration Card, INS Form 1-151)  ( ) <b>N Non-Resident Foreign National</b> An alien admitted temporarily for specific purposes and periods of time. Indicate status: _____  ( ) <b>C U.S. Citizen</b>	<b>ETHNIC BACKGROUND</b>  ( ) <b>1 White – not Hispanic</b> ( ) <b>2 Black – not Hispanic</b> ( ) <b>3 American Indian or Alaskan Native</b> ( ) <b>4 Asian or Pacific Islander</b> ( ) <b>5 Hispanic</b> ( ) <b>6 Multi-Racial</b>
<b>VETERAN STATUS</b>  ( ) <b>V Vietnam Era Veteran</b> ( ) <b>D Disabled Veteran</b> ( ) <b>B Both of the above</b> ( ) <b>P Veterans Preference:</b>  * <b>Category</b> _____ *See back of this page for explanations of Veteran's categories and Veteran's Preference categories.	<b>DISABILITY</b> (1) Has a physical or mental impairment which substantially limits one or more major life activities (2) Has a record of such impairment (3) Is regarded as having such an impairment ( ) <b>Visually impaired</b> ( ) <b>Hearing impaired</b> ( ) <b>Impaired mobility</b> ( ) <b>Communicative</b> ( ) <b>Cardiovascular disorder</b> ( ) <b>Emotional/Mental disorder</b> ( ) <b>Nervous System/Neurological disorder</b> ( ) <b>Other:</b>
<b>FROM WHAT SOURCE(S) DID YOU LEARN ABOUT THIS VACANCY?</b>  ( ) <b>Internal Postings</b> ( ) <b>Walk-in/Personnel Bulletin Board</b> ( ) <b>Job Line</b> ( ) <b>Newspaper or Periodical:</b> _____ ( ) <b>Other, please specify:</b> _____ ( ) <b>City Employee</b> ( ) <b>Job Service of Florida</b> ( ) <b>Other Agency:</b> _____	

The City of Fort Walton Beach is an equal employment opportunity employer and will not discriminate on account of race, national origin, color, religion, political affiliation, marital status, age, disability, or gender (except where age, gender, or physical condition is a bona fide occupational qualification necessary to proper and efficient operation). Applicants who have questions regarding these City programs or who require accommodations in the application process may contact the Human Resources Director, at 107 SW Miracle Strip Parkway, P.O. Box 4009, Fort Walton Beach, FL. Office hours are: Monday through Friday, 7 a.m. to 5 p.m. Mon – Thur. & 7 a.m. to 11 a.m. Fri. - Telephone number: (850) 833-9507 Fax: (850) 833-9931.

## VETERAN'S STATUS INFORMATION

**Vietnam Era Veteran:** (8/5/64 – 5/7/75) “A person who:

1. a. Served on active duty for a period of more than 180 days, any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than dishonorable discharge, or  
b. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed during the Vietnam era, and
2. Was so discharged or released within 48 months preceding his application for employment covered under the Act.”

**Disabled Veteran:** “A person entitled to disability compensation under laws administered by the Veteran’s Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.”

**Disabled Vietnam Era Veteran:** Both of the above.

## VETERAN'S PREFERENCE INFORMATION

The City of Fort Walton Beach, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran’s Preference, provides preference in employment and retention to those veterans who were honorably discharged and who fall in categories 1 or 4 or to the spouses of veterans who fall in categories 2, 3 or 5 below:

1. A Veteran with an existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the Department of Defense;
2. The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power;
4. A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07, Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal.

Wartime Periods:	
World War II: December 7, 1941 to December 31, 1946	Persian Gulf War: August 2, 1990 to January 2, 1992
Korean Conflict: June 27, 1950 to January 31, 1955	Operation Enduring Freedom: October 7, 2001 to TBD
Vietnam Era: February 28, 1961 to May 7, 1975	Operation Iraqi Freedom: March 19, 2003 to TBD
	Operation New Dawn: September 1, 2010 to TBD

5. The un-remarried widow or widower of a Veteran who died of a service connected disability;
6. The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense;
7. A Veteran as defined in Section 1.01 (14), Florida Statutes: The term ‘Veteran’ means a person who served in the active military, naval, or air service and who was discharged under honorable conditions;
8. A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

Should you qualify for the preference under any category and wish to assert it, please state the status of your preference on the front of this form. Documentation (DD214) substantiating your claim **MUST BE FURNISHED AT THE TIME OF YOUR APPLICATION TO BE ELIGIBLE**. If claiming preference due to disability, a letter that is less than one year old from the Veteran’s Administration stating disability percentage must be submitted in addition to the DD214.

If you feel that proper consideration of the Veteran’s Preference law has not been provided to you, or that the City has not complied with the Veterans Preference rules, please notify the City of your concerns at the Office of Human Resources, (850) 833-9507, 107 SW Miracle Strip Parkway, Fort Walton Beach, FL. You also have the right to initiate an investigation by the Florida Department of Veteran’s Affairs by notifying the State of Florida, Department of Administration, Division of Veteran’s Affairs, P.O. Box 1437, St. Petersburg, FL 33731 within 21 calendar days from the date you receive notice that you were not selected for the position.