

# Veteran/Eligible Spouse Priority of Service Information

Customer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you think you may qualify to receive Veteran/Eligible Spouse Priority of Service, please complete this form and turn it in when you meet with staff. You must meet at least one definition below to qualify for Veteran/Eligible Spouse Priority of Service.

**Are you a veteran as defined below? YES NO**

**Veteran:** A person who served at least one day in the active military, naval or air service, and who was discharged or released there under conditions other than dishonorable. Active service includes full-time Federal service in the National Guard or a Reserve component. The definition of "active service" does not include full-time duty performed strictly for training purposes (i.e., that which is often referred to as "weekend" or "annual" training), nor does it include full-time active duty performed by National Guard personnel who are mobilized by State rather than Federal authorities.

**Are you an eligible spouse as defined below? YES NO**

**Spouse:** A spouse of any one of the following individuals:

- A veteran who died of a service-connected disability
- A member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
  - A. Missing in action
  - B. Captured in line of duty by a hostile force
  - C. Forcibly detained or interned in the line of duty by a foreign government or power
- A veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs
- A veteran who died while a total service-connected disability as evaluated by the Department of Veterans Affairs was in existence

**Please complete the section below:**

**1) Seeking services for: Mark all that apply**

<input type="checkbox"/> Registering for employment services	<input type="checkbox"/> Need questions answered
<input type="checkbox"/> Applying for Unemployment Insurance	<input type="checkbox"/> Seeking job referrals to job openings
<input type="checkbox"/> Seeking labor market information	<input type="checkbox"/> Other _____

**2) Additional services needed: Mark all that apply**

<input type="checkbox"/> Career guidance assistance	<input type="checkbox"/> Retraining assistance and information
<input type="checkbox"/> Shelter/housing referral & information	<input type="checkbox"/> Request for military documents
<input type="checkbox"/> Job development assistance	<input type="checkbox"/> Referral to community assistance



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DEPARTMENT OF LABOR

Equal Opportunity Employer/Program

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