

MARICOPA COUNTY HUMAN RESOURCES DEPARTMENT

301 W. Jefferson Street, Suite 200, Phoenix, AZ 85003-2195
Fax: (602) 506-3313

EMPLOYMENT PREFERENCE POINTS

Effective August 27, 1977, Arizona Revised Statutes (A.R.S.) § 38-492 was amended and authorized preference points (not %) for 4 major categories of applicants for merit system employment:

- I. VETERAN (5 points): A veteran of the Armed Forces of the United States separated under honorable conditions following more than six months of active duty.
- II. DISABLED VETERAN (10 points): An honorably separated veteran who served on active duty in the Armed Forces at any time and who has a service-connected disability or is receiving compensation or disability retirement benefits under laws administered by the Veterans Administration, Army, Navy, Air Force, Coast Guard, or Public Health Service.
- III. VETERAN'S SPOUSE or SURVIVING SPOUSE (5 points): A spouse or surviving spouse of any of the following:
 - A. Any veteran who died of a service-connected disability.
 - B. Any member of the Armed Forces serving on active duty who at the time of application is listed by the Secretary of Defense of the United States in any of the following categories for not less than ninety days:
 1. Missing in action.
 2. Captured in the line of duty by a hostile force.
 3. Forcibly detained or interned in the line of duty by a foreign government or power.
 - C. A person who has a total, permanent disability resulting from a service-connected disability or any person who died while such disability was in existence.
- IV. HANDICAPPED PERSON (5 points): Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such an impairment or is regarded as having such an impairment.
 - A. "Qualified handicapped person" means, with respect to employment, a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question.
 - B. "Physical or mental impairment" means:
 1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine.
 2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
 - C. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

HOW IT WORKS:

If you qualify in one or more of the four categories, use the attached claim form to obtain the necessary certification. **Only one claim form is necessary even if you apply for two or more positions; and it will be kept on file for at least two years.** If you are uncertain as to whether or not you already have a claim on file, please call our office at (602) 506-3755. Current Maricopa County Government employees are not eligible for preference points (Merit System Rule 4.11B). A maximum of ten (10) preference points will be applied to your final score, but only if you earn a passing grade without preference. All documents received for the purpose of employment preference points are retained separately from employment applications and will be held in strict confidence by the Human Resources Department.

CERTIFICATION:

1. Certification for category I (Veteran) can be submitted in the form of a DD-214 provided it indicates at least six months of active duty and an Honorable or Under Honorable Conditions discharge. Additional documents may be used to verify the claim if the DD-214 is incomplete, for example, a form DD-256 may be used to supplement a DD-214 that does not have a character of service indicated. **Only one DD-214 needs to be submitted every two years.**
2. Certification of category II (Disabled Veteran) may be obtained from the VA Regional Office at 3225 North Central Avenue, Phoenix, or at a Veteran's Affairs Office of the Arizona Department of Economic Security. If you are outside Arizona, contact your Regional Veteran's Administration Office. The VA Claim number must be furnished by you. Verification letters from the Veteran's Administration cannot be over two years old.
3. Certification of category III (Veteran's Spouse) may be obtained from the VA Regional Office at 3225 North Central Avenue, Phoenix, or at a Veteran's Affairs Office of the Arizona Department of Economic Security. If you are outside Arizona, contact your Regional Veteran's Administration Office. The VA Claim number must be furnished by you. Verification letters from the Veteran's Administration cannot be over two years old.
4. Certification of category IV (Handicapped Person) will be obtained by the medical authority you indicate on the claim form. A complete name and mailing address of your medical authority is necessary. Please have the medical authority sign, date and indicate whether or not they concur with your claim.

LAST NAME, FIRST NAME MI

SOCIAL SECURITY NUMBER - -

CLAIM FOR EMPLOYMENT PREFERENCE POINTS

for classified positions under the
MARICOPA COUNTY EMPLOYEE MERIT SYSTEMS
301 W. Jefferson Street, Suite 200
Phoenix, AZ 85003-2195
Fax: (602) 506-3313

Effective August 27, 1977, Preference Points will be added to final scores of qualified applicants who wish to claim them for initial employment with Maricopa County Government. Maximum preference is ten points and will apply only after applicant has earned a passing grade without preference. **These preference points are not applicable for current employees.**

PLEASE COMPLETE THE APPROPRIATE SECTION FOR THE PREFERENCE YOU ARE CLAIMING.

VETERAN: 5 points (A.R.S. § 38-492(A))

A veteran of the Armed Forces of the United States separated from the Armed Forces under honorable conditions following more than six months of active duty.

ELIGIBILITY verified through DD Form 214 or other acceptable proof.

Length of Active Duty: _____ / _____ / _____ Discharge Status: _____
years months days

Eligibility Verified by: _____ date
(Human Resources Staff or VA Staff member's signature)

DISABLED VETERAN: 10 points (A.R.S. § 38-492 (F))

An honorably separated veteran who served on active duty in the Armed Forces at any time and who has a service-connected disability or is receiving compensation or disability retirement benefits under laws administered by the Veteran's Administration, Army, Navy, Air Force, Coast Guard or Public Health Service.

ELIGIBILITY verified through Veteran's Administration records or documents provided by the applicant from the VA.

This is to certify that _____ C- _____
Name of Applicant VA File Number

was honorably separated from the Armed Forces and has a service connected disability or is receiving compensation or disability retirement benefits for a service-connected disability.

ELIGIBILITY verified by _____ date
(Human Resources, Veteran's Service Commission or VA Staff member's signature)

ADDITIONAL CLAIM SECTIONS ON BACK

FOR HUMAN RESOURCES DEPARTMENT USE ONLY						
V	H	VS	DV	Total	Date Received	Date Posted

SPOUSE OR SURVIVING SPOUSE: 5 points (A.R.S. § 38-492(E))

Spouse or Surviving Spouse of any of the following:

1. Any veteran who died of a service-connected disability.
2. Any member of the Armed Forces serving on active duty who at the time of application is listed by the Secretary of Defense of the United States in any of the following categories for not less than ninety days:
 - A. Missing in action.
 - B. Captured in the line of duty by a hostile force.
 - C. Forcibly detained or interned in the line of duty by a foreign government or power.
3. A person who has a total, permanent disability resulting from a service-connected disability or any person who died while such disability was in existence.

ELIGIBILITY verified through Veteran's Administration records or documents provided by the applicant from the VA.

This is to certify that the records of the Veteran's Administration disclose that _____ is the legal spouse of _____ who:

Please check appropriate circumstance

- _____ Died of a service-connected disability OR, at the time of this application,
- _____ Is missing in action.
- _____ Has been captured in the line of duty by a hostile force.
- _____ Has been forcibly detained or interned in the line of duty by a foreign government.
- _____ Is totally, permanently disabled as a result of a service-connected injury.

FOR NOT LESS THAN NINETY (90) DAYS.

ELIGIBILITY verified by _____ date _____
(Human Resources, Veteran's Service Commission or VA Staff member's signature)

HANDICAPPED PERSON: 5 points (A.R.S. § 38-492 (B))

Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such an impairment or is regarded as having such an impairment.

ELIGIBILITY verified through the mail, by the medical authority you indicate below.

I, _____, certify that my impairment is _____ which limits my major life activity of _____. This impairment occurred _____ and has limited my activity for _____.
date years months

I AUTHORIZE THE MEDICAL AUTHORITY LISTED BELOW TO RELEASE THE INFORMATION NECESSARY TO VERIFY MY CLAIM:

Applicant's Signature Date

The name and address of the medical authority familiar with my impairment is: _____

City State Zip

THIS SECTION TO BE USED BY MEDICAL AUTHORITY ONLY

_____ I concur with this claim. _____ I do not feel this person should be considered handicapped.

Signature/Title of Medical Authority Date: _____