



## Riverside County Human Resources Veterans Preference Guide for Recruiters

### Policy Overview:

The Veterans Preference Policy, Board Policy C3, provides veterans and their spouse opportunities to receive interviews in the selection process for employment with the County of Riverside. The policy applies to all external applicants for both TAP, Internship, and regular job openings. Click [here](#) to view Board Policy C-3 in its entirety.

A Veteran applicant must be referred for an interview with the hiring department so long as all minimum qualifications are met, including County and department requirements, receives a passing score on any required pre-employment exams, and has provided evidence that they have the skills required of the position.

**All required minimum qualifications must be clearly stated as such under the Minimum Qualifications section of the job posting.** Desired or Supplemental Qualifications do not apply to Veteran applicants.

The overall goal of Veterans Preference is to broaden employment opportunities for Veterans and their families, while simultaneously creating a well-qualified, skilled candidate pool for County careers.

### Who the Policy Applies to:

All Veterans, including National Guard and Reservists, with a minimum of 90 days active service and an honorable discharge. This policy also applies to disabled Veterans as well as spouses of a 100% disabled Veteran or surviving spouse of a Veteran who died of a service-connected cause.

### How to Evaluate Veteran's and Veteran's Spouse Eligibility Documents:

Veterans and Spouses of Veterans must provide a legible copy of Form DD-214 Certificate of Release or Discharge from Active Duty or NGB-22 Report of Separation and Record of Service, and an official Letter of Disability (if applicable). Forms must be reviewed by the recruiter to verify 90 days of service and honorable discharge.

When reviewing Form DD-214, please note that there are Member-1, 2, and 4 Forms. The form provided must include box 24, Character of Service, which verifies honorable discharge and box 12 which confirms 90 days of service. Please see the following pages for examples and additional details regarding each form.

- Member-1: **Does not** include Character of Service, box 24
  - Reply to candidate requesting to see the Character of Service section
- Member-2: All necessary information
  - Acceptable for review
- Member-4: (*most common*) All necessary information
  - Acceptable for review

### How to apply the preference in NEOGOV:

Once you have evaluated the Veteran's documents, Veteran eligible status must be applied to the applicant in NEOGOV. Please refer to the RIVCO HR NEOGOV Recruitment Procedures Guide for detailed instructions on the steps to do so. You can access the guide [here](#).

### What is the process if I have a qualifying Veteran, but I am not routing them for an interview with the department?

If you do not believe that a Veteran meets minimum qualifications and you will not be routing them to the department for an interview, you must first review your determination with your Senior Analyst and gain their approval prior to certifying your list. Should your Senior agree that the Veteran does not meet minimum qualifications, L&OD must be notified via e-mail (CC your Senior) with the following information:

- **Veteran Name, Recruitment ID Number, and brief statement as to why the Veteran did not meet minimum qualifications**



## Sample Form DD-214 Member-4

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b> This Report Contains Information Subject to the Privacy Act of 1974, As Amended.					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY <b>S</b>		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE AMOUNT: \$ <input type="checkbox"/> NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>A</b>		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
		h. INITIAL ENTRY TRAINING			
		i. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>M</b>		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, state of commitment)			YES	NO	
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS  <b>L</b> <small>The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.</small>					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)		OFFICE OF VETERANS AFFAIRS		YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				YES	NO
21a. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)	
<b>E</b>					
<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>					
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (Initials)	

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 4





## Sample Letter from Department of Veterans Affairs

In addition to providing either Form DD-214 or NGB-22, Veteran's Spouses are also required to provide a letter from Department of Veteran Affairs (formerly Veterans Administration) naming the applicant as the spouse and indicating that the Veteran is 100% disabled or deceased.



DEPARTMENT OF VETERANS AFFAIRS  
810 Vermont Ave NW  
Washington, D.C. 20420

October 15, 2019



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 state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

### Personal Claim Information

Your VA claim number is: [REDACTED]

You are the Veteran.

### Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Marine Corps	Honorable	March 18, 2003	March 17, 2007
Marine Corps	Honorable	January 03, 2009	January 02, 2010

(There may be additional periods of service not listed above.)

### VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	100%
Your current monthly award amount is:	\$3995.13
The effective date of the last change to your current award was:	September 01, 2019
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes
The effective date of when you became totally and permanently disabled due to your service-connected disabilities:	August 02, 2019

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>.