## AN EQUAL OPPORTUNITY EMPLOYER

### INFORMATION SHEET FOR VETERANS SEEKING EMPLOYMENT AS AN ASSISTANT VETERANS SERVICE OFFICER WITH THE STATE OF ALABAMA DEPARTMENT OF VETERANS AFFAIRS

**Basic Eligibility Requirements:** Applicant **must be** a resident and a qualified voter in the county in which he is seeking employment at time of making application, and **must be** a veteran who served on active duty in the armed forces of the United States for a period of sixty days or more in a **wartime period**\* and be honorably discharged. In addition, an applicant should be able to effectively meet and communicate with the public, as well as officials at the state and local level, and possess the mental and physical abilities to effectively perform the duties listed below. Enclose with the <u>application</u> a copy of your <u>DD</u> Form 214 for all periods of service. (See wartime periods of service below.)

**Disabled Veteran's Claim for Preference** - If you have a service connected disability rated at 20% or more by the US Department of Veterans and wish to be considered for a 5 point hiring preference, you must provide an official statement, (*dated within one year of application for employment*) from the US Department of Veterans Affairs or applicable branch of the Armed Forces verifying the present existence of a service-connected disability to include actual disability rating.

**Duties:** It shall be the duty of an Assistant County Veterans Service Officer to:

- 1. Interview and advise veterans and/or their eligible dependents of all rights and benefits legally conferred by federal, state, or county agencies regarding compensation, rehabilitation, insurance pension, education, medical care, and other applicable rights and benefits.
- 2. Provide clerical assistance, information, and referral service to veterans and/or their eligible dependents, assists in the preparation of benefit forms and documentation, and upon completion, forwards them to the appropriate federal, state, or county authorities.
- 3. Correspond with federal, state, and local agencies as well as veterans and/or their eligible dependents in regard to claims or veterans benefits.
- 4. Obtain affidavits, discharges, birth certificates, death certificates, medical reports, and other types of evidence in support of claimant's application for benefits.
- 5. Refer difficult cases to the Veterans Service Officer and assists him/her in the preparation and completion of appeals. If applicable, assist with the training of other office personnel (AVSO, ASA, and work study students). In the absence of the VSO, supervise and review the work of other staff members.
- 6. Comply with department policies and procedures for conducting the mission of the Alabama Department of Veterans Affairs.
- 7. Devote his/her full time to the above duties.
- **Note:** Applicants **must** thoroughly complete the attached application and return to the addressee postmarked no later than the advertised position closing date. It is highly recommended that applicant submit a resume that fully addresses his or her knowledge, skills, and abilities which may prove to be beneficial if selected for the position of Assistant Veterans Service Officer. Applicants submitting incomplete or late applications will not be considered. Qualified applicants selected for interviews will be notified of when and where to report at a later date.

#### \*Recognized Wartime Periods:

World War II -	December 7, 1941 to December 31, 1946.
Korean Conflict -	June 27, 1950 to January 31, 1955.
Vietnam Era -	August 5, 1964 to May 7, 1975.
Persian Gulf War -	August 2, 1990 through - A date to be established.

## **STATE OF ALABAMA** DEPARTMENT OF VETERANS AFFAIRS ASSISTANT VETERANS SERVICE OFFICER

APPLICATION FOR EMPLOYMENT

#### Date "AN EQUAL OPPORTUNITY EMPLOYER" Applying for Assistant Veterans Service Officer position in:\_\_\_\_\_ County. \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Full name Middle First Last Current Address City Zip Code Street or Route State Legal Telephone # Home Residence Work County State THE FOLLOWING IS REOUIRED FOR GOVERNMENTAL REPORTING AND RECORDKEEPING PURPOSES: SEX (Check One) RACE (Check One) 1|\_\_| Male 1 White 3|\_\_| Hispanic 5|\_\_| American Indian/Alaskan Native 2|\_\_|Female 2|\_\_Black 4|\_\_\_|Asian/Pacific Islander 6 | Other I am a registered voter in \_\_\_\_\_ County. Do you have previous service with the State of Alabama? () Yes () No If Yes, TRS () ERS () Last Department/ Agency employed by and date of employment If you need special aids and/or services in order to accommodate a disability or health problem, (e.g., interpreters or reading devices), please indicate these requirements in the space below:

Have you ever been involuntarily terminated, discharged, forced or asked to resign, from any job or employment? ()Yes ()No If you answered **Yes** to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

**NOTE**: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES MAY BE SUBMITTED TO THE ALABAMA BUREAU OF INVESTIGATION FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE **ALL** CRIMINAL CONVICTIONS IN THE SPACE BELOW:

II.	Have you even been	convicted of a	i misdemeanor or c	criminal offense?	()Yes	( ) No
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If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

C. EDUCATION: Highest grade completed: \_\_\_\_\_\_ Number of years college completed: \_\_\_\_\_\_ Special training: \_\_\_\_\_\_ Special skills relating to job sought: \_\_\_\_\_\_

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all dates of active duty: FROM			то	
	<u> </u>			
List the name, address, and telephone	numbers of 3 personal reference	es other tha	n your present em	
Name	Address			Telephone Number
Work History - This section must be c	ompleted regardless of whether	or not a re	sume' is attached.	(List last 3 employers,
with most recent):			Ending	Reason for
1. Current Employer	From	To	Rate of Pay	Leaving
a.				
<ul><li>a</li><li>b. Address and Phone No</li></ul>				
b. Address and Phone No	Phone # <u>From</u>			Reason for Leaving
<ul> <li>b. Address and Phone No</li> <li>c. Supervisor</li> <li>2. <u>Previous Employer</u></li> </ul>	Phone # <u>From</u>	<u>To</u>	Ending <u>Rate of Pay</u>	Reason for Leaving
<ul> <li>b. Address and Phone No</li> <li>c. Supervisor</li> <li>2. <u>Previous Employer</u></li> <li>a</li> </ul>	Phone # <u>From</u>	<u>To</u>	Ending <u>Rate of Pay</u>	Reason for Leaving
<ul> <li>b. Address and Phone No</li> <li>c. Supervisor</li> <li>2. <u>Previous Employer</u></li> <li>a</li> <li>b. Address and Phone No</li> </ul>	Phone # <u>From</u> Phone # <u>From</u>	<u>To</u>	Ending <u>Rate of Pay</u>	Reason for Leaving
<ul> <li>b. Address and Phone No</li> <li>c. Supervisor</li> <li>2. <u>Previous Employer</u> <ul> <li>a</li> <li>b. Address and Phone No</li> <li>c. Supervisor</li> </ul> </li> <li>3. <u>Previous Employer</u></li> </ul>	Phone # <u>From</u> Phone # <u>From</u>	<u>To</u>	Ending <u>Rate of Pay</u> Ending	Reason for Leaving Reason for

- H. **IMPORTANT:** All applicants are required to sign the attached consent of release of information form, have it notarized and attach to the application being submitted for consideration of employment.
- I. I understand that any false, or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application.

Signature of Applicant

Return completed application and Resume' to:

Commissioner, Alabama Department of Veterans Affairs P. O. Box 1509 Montgomery, AL 36102-1509

# TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_\_, do hereby agree to the release of any and all information, whether privileged or not, pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be held confidential and used only to further my application for employment with the Alabama Department of Veterans Affairs. I further agree that a photo static copy of this authorization shall have the same effect as the original.

Signature

Subscribed before me this \_\_\_\_\_\_, \_\_\_\_\_,

Notary Public

My commission expires: \_\_\_\_\_