

**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):**

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

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 Cit 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, 8 a.m. to 5 p.m. Telephone number: (850) 833-9507 Fax: (850) 833-9931 Job Line: (850) 864-9114.

## 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. Honorably discharged Veteran who has a service connected, compensable disability;
2. The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment;
3. The spouse of any person missing in action, captured in the line of duty or forcibly detained;
4. A Veteran of any war who served on active duty during a wartime era. “**Wartime Era**” includes:
  - \* **Spanish American War:** April 21, 1898 to July 4, 1902 and including the Philippine Insurrection and the Boxer Rebellion;
  - \* **Mexican Border Period:** May 9, 1916 to April 5, 1917 in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto;
  - \* **World War I:** April 6, 1917 to November 11, 1918; extended to April 1, 1920 for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921 provided such veterans had at least one (1) day of service between April 5, 1917 and November 12, 1918;
  - \* **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 to “such date as may be prescribed by presidential proclamation or by law.”
  - \* **Operation Enduring Freedom:** October 7, 2001 to date to be determined.
  - \* **Operation Iraqi Freedom:** March: 19, 2003 to date to be determined.
5. The un-remarried widow or widower of a Veteran who died of a service connected disability.

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.