PINAL COUNTY
DISCLOSURE FORM FOR DISABILITY & VETERAN PREFERENCE POINTS

(PURSUANT TO ARS § 38-492)

NAME (PRINT): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: _____
_____
_____
_____

POSITION(S) APPLIED FOR:

REQUISITION NUMBER: _____TITLE: _____

REQUISITION NUMBER: _____TITLE: _____

REQUISITION NUMBER: _____TITLE: _____

REQUISITION NUMBER: _____TITLE: _____

I. I AM A VETERAN: YES _____ NO _____
(IF YES, PLEASE ATTACH DD214 FORM)

II. I AM A DISABLED VETERAN: YES _____ NO _____
(IF YES, V.A. CLAM NO._____)

III. I AM A VETERAN'S SPOUSE OR SURVIVOR SPOUSE: YES _____ NO _____
(IF YES, V.A. CLAM NO._____)

IV. I AM A DISABLED PERSON: YES _____ NO _____
(WE WILL VERIFY THE INFORMATION YOU PROVIDE THROUGH THE MEDIAL AUTHORITY YOU INDICATE ON THE CLAIM)

SIGNATURE: _____ DATE: _____

I AUTHORIZE PINAL COUNTY HUMAN RESOURCES TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS ALLOWABLE BY LAW TO VERIFY THE INFORMATION PROVIDED.

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