

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

VETERAN STATUS

Definitions:

A. **Veteran of the Vietnam Era** – a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975, in all other cases.

B. **Special Disabled Veteran** -- (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (I) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3108 of the Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

C. **Other Eligible Veterans** – A person who served in the military, ground, naval, or air service of the United States During one of the campaigns or expeditions shown on the following pages.

1. Are you a veteran of the Vietnam Era? YES _____ NO _____
2. Are you a special Disabled Veteran? YES _____ NO _____
3. Did you participate as a member of the Armed Forces in any of the campaigns or expeditions listed (list available in Human Resources) and with discharge from the military under conditions other than a dishonorable discharge?
YES _____ NO _____

EDUCATION AND PRIOR APSU EXPERIENCE

HIGHEST DEGREE/GRADE: _____ INSTITUTION: _____ STATE: _____ YEAR: _____

PRIOR APSU EXPERIENCE: DATES OF EMPLOYMENT: _____ PERCENT OF TIME: _____ POSITION: _____

STATE EMPLOYMENT/RETIREMENT INFORMATION

ARE YOU PRESENTLY A MEMBER OF THE TENNESSEE CONSOLIDATED RETIREMENT SYSTEM OR THE ORP (TIAA/CREF/AETNA/VALIC)? YES _____ NO _____ IF YES SPECIFY PLAN _____

ARE YOU PRESENTLY DRAWING BENEFITS FROM THE TENNESSEE CONSOLIDATED RETIREMENT SYSTEM OR THE ORP? YES _____ NO _____ IF YES SPECIFY PLAN _____

PREVIOUS TENNESSEE STATE EMPLOYMENT: NAME(S) & ADDRESS OF EMPLOYER(S): _____

DATES OF EMPLOYMENT: _____

SIGNATURE BLOCK

EMPLOYEE SIGNATURE: _____ DATE: _____