



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
Huntington, WV 25704

Dear \_\_\_\_\_

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as  
\_\_\_\_ Resident \_\_\_\_\_ from July 1, 2013 \_\_\_\_\_ through \_\_\_\_\_  
under authority of 38 U.S.C., 7405(a)(1). During your period of affiliation with our facility,  
you are authorized to perform services as directed by the Chief, \_\_\_\_\_.

In accepting this assignment you will receive no monetary compensation and you will not be  
entitled to those benefits normally given to regularly paid employees of the Veterans Health  
Services and Research Administration, such as leave, retirement, etc. You will, however, be  
eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these  
benefits.

- Quarters       Subsistence       Uniforms       Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the  
enclosed postage-free envelop. This agreement may be terminated at any time by either party by  
written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

Diana Donahoe  
Chief, Human Resources Management Service

Enclosure

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I agree to serve in the above capacity under the conditions indicated.

**Signature:** \_\_\_\_\_

**Print NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Veteran Status – please check as appropriate	
_____	1-Vietnam Veteran*
_____	2-Other Veteran
_____	3-Non-Veteran
* For this purpose, a Vietnam Veteran is one with Service between August 5, 1964 and May 7, 1975.	

FL 10-294  
OCT 2000(AS)

QUALIFICATIONS REVIEW FOR WOC POSITIONS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Resident \_\_\_\_\_

Citizenship (  ) U.S.  
(  ) Other (Please Specify Country) \_\_\_\_\_

\*If citizenship is Other – Use WOC form with Mr. Seiler’s signature block. NOT THIS FORM!

Answer one of the following:

(A) Is your primary and native written and spoken language English? (i.e., have you been raised to adulthood where English was the primary language?)  
(  ) Yes (  ) No

(B) Have you completed 8 years of education in a school where the basic curriculum is conducted in English? This may include graduate/post-graduate training  
(  ) Yes (  ) No

If yes, give name and location (city and state) of school(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (SIGN IN INK)

Date Signed

PRIVACY ACT NOTICE: The information requested is voluntary and is solicited under authority of Title 38 and Public Law 95-201. It will be used to evaluate your qualifications for a specific position. If you decline to provide the information requested, it may not be possible to evaluate your qualifications fully.