

APPLICATION FOR VETERANS' CREDITS

SENECA COUNTY PERSONNEL OFFICE

Answer Every Question.
Type or write with ink.
Not valid unless notarized
and accompanied by evidence
of discharge

Seneca County Office Building
WATERLOO, NEW YORK 13165

Do Not Write in This Section
Date By
Veterans credits approved. ... _____
Disabled Veteran
credits approved..... _____
Credits recorded on
application..... _____

() Disabled Veterans

1. Claim is hereby submitted for () Non-Disabled Veterans credits on the examination for _____

To be held _____, 19__

2. Print full name _____

First Middle Last

3. Present Address _____

Street City State

4. Are you a citizen of the United States? _____ Yes _____ No

RESIDENCE

5. Home address at time of entry into military:

No. Street City State

6. Home address at time of separation:

No. Street City State

7. Home address for one year prior to date of this application:

No. Street City State

8. Legal residence for three years prior to entrance into military service:

Dates Place

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

U. S. MILITARY SERVICE*

9. Indicate by (x) in which you served () Army; () Navy; () Marine Corps; () Coast Guard; () Air Force

10. Date of enlistment or induction _____ Place of enlistment or induction _____

11. Dates of active service: From _____ to _____ Service Serial No _____

* As indicated in your discharge of Certificate of Service

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12. Last Rank _____ Attached to _____

13. Were you discharged or (released to inactive duty) under honorable conditions? _____ Yes _____ No

Reason for discharge or release to inactive duty, as stated on certificate _____

14. Date of discharge or end of terminal leave _____ Place of discharge _____

DISABLED VETERANS CREDITS

(To be completed only by applicants claiming disabled veterans' credits)

15. Veterans Administration Claim No. _____

16. Have you claimed additional credits as a disabled Veteran in any previous examination given by this Civil Service Commission _____ Yes _____ No

16. If answer to Item 16 is "Yes", give title and date of examination.

Title _____ Date _____

17. Date accompany For MSD333 VC-3 "Authorization for disability Record" was sent to Veterans Administration _____

TO BE SWORN TO BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS:

I Hereby certify that the foregoing statements are full and true to the best of my knowledge and belief.

Date _____ Applicant's Signature _____

Sworn to before me this _____ day of _____, _____

Notary Public or Commissioner of Deeds