

Answer Every Question

Type or Write with ink.

Not valid unless notarized and accompanied by evidence of discharge.

Do Not Write in This Space

1. Veteran credits approved.
2. Disabled Veteran credits approved.
3. Credits recorded on application.

Date

By

APPLICATION FOR VETERANS' CREDITS

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

To be held _____, 20____.

2. Print Full Name _____
First Middle Last

3. Present Address _____
Street City State

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

5. Home address prior to date of this application:

No. Street City State

U.S. MILITARY SERVICE (*As indicated in your discharge or Certificate of Service)

6. Indicate by () branch of the military in which you served Army Navy Marine Corps Coast Guard Air Force

7. Dates of enlistment or induction _____ Place of enlistment or induction _____

8. Dates of active service: From _____ To _____ Service Serial No. _____

9. Last Rank _____ Name of Military Unit Attached to _____

10. 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 _____

11. Date of discharge or end of terminal leave _____ Place of Discharge _____

DISABLED VETERANS' CREDITS

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

12. Veterans Administration Claim No. _____

13. Have you claimed additional credits as a Disabled Veteran in any previous examination given by this Civil Service Commission? Yes No

14. If answer to Item 13 is "Yes", give title and date of examination. Title _____ Date _____

15. Date accompanying Form 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 _____ 20____.

Notary Public or Commissioner of Deeds