

Herkimer County Personnel
109 Mary Street, Suite 1304
Herkimer, New York 13350

Do Not Write in This Space.

Answer Every Question.
Type or write with black ink.

Not valid unless Notarized and
accompanied by evidence of
discharge.

**APPLICATION
FOR
VETERANS' CREDITS**

Date / By
Veteran credits approved. _____
Disabled Veteran credits
approved. _____
Credits recorded on application. _____

1. Claim is hereby submitted for () Disabled () Non-Disabled Veterans credits

on the examination for: _____
Title _____ Exam # _____
to be held on: _____.

2. **PRINT** Full Name _____
First Middle Last

3. Present Address _____
No. Street City State Zip Code

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 Zip Code

6. Home address at time of separation:

No. Street City State Zip Code

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

No. Street City State Zip Code

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

DATES: _____ **PLACE:** _____
From _____ to _____
From _____ to _____
From _____ to _____

U.S. MILITARY SERVICE *

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

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

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

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. Department of Veterans Affairs Claim No. _____
- 16. Have you claimed additional credits as a Disabled Veteran in any previous examination given by this Civil Service Office?
() Yes () No
- 17. If answer to Item 16 is "YES", give title and date of examination.
Title _____ Exam Date _____
- 18. Date accompany forms "Disability Record Authorization" were sent to Dept. of Veterans Affairs _____.

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 _____, _____ Year

Notary Public or Commissioner of Deeds