

TIOGA COUNTY OFFICE OF PERSONNEL & CIVIL SERVICE
COUNTY OFFICE BUILDING
56 MAIN STREET
OWEGO, NY 13827

APPLICATION FOR VETERANS' CREDIT

- () Disabled Veterans
1. Claim is hereby submitted for () Non-Disabled Veterans credits on the examination for _____
(Exam Title)
- Exam Number _____, to be held _____, 20____
(Date)
2. Print Full Name _____
First Middle Last
3. Present Address _____
Street City State
4. Are you a citizen of the United States? ____ Yes ____ No

US MILITARY SERVICE*

5. Indicate (by check mark) in which you served: () Army; () Navy; () Marine Corps;
() Coast Guard; () Air Force
6. Date of enlistment or induction _____
Place of enlistment or induction _____
7. Dates of active service: From _____ to _____
Service Serial No. _____
8. Last Rank _____ Attached To _____
9. Were you discharged (or released to inactive duty) under honorable conditions? ____ Yes ____ No
10. Reason for discharge or release to inactive duty, as stated on certificate

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

* As indicated in our discharge or Certificate of Service

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 Agency? ____Yes ____No
14. If answer to item 13 is "Yes", give title and date of examination.
Title: _____ Date: _____
15. Date accompany Form MSD-390 "Disability Record Authorization" was sent to the Department 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 _____, 20__.

Notary Public or Commissioner of Deeds