

APPLICATION FOR VETERANS CREDITS

REPLACES STATE FORM MSD-332VC1

ANSWER EVERY QUESTION - USE BLACK INK OR TYPE

Do not write in this space

DATE BY

**NOT VALID UNLESS NOTARIZED
AND ACCOMPANIED BY DD-214/
DISABILITY PAPERWORK**

Veterans Credits Approved -
Disabled Vets Credits Approved -
Credits Recorded on the Application -

1. Claim is hereby submitted for: () Disabled Veterans Credits or () Non-disabled Veterans Credits on the below:

Exam Number _____	Exam Title _____	To Be Held _____
Exam Number _____	Exam Title _____	To Be Held _____
Exam Number _____	Exam Title _____	To Be Held _____
Exam Number _____	Exam Title _____	To Be Held _____

2. Print full name _____

3. Present address _____

4. Are you a citizen of the United States? _____
State? _____

Are you a resident of New York _____

5. In which branch of the service did you serve? () Airforce () Army () Marines () Navy

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

7. Dates of active service: FROM: _____ TO: _____ SERVICE SERIAL NUMBER: _____

8. Last rank _____ Attached
to: _____

9. Were you discharged (released to inactive duty) under honorable conditions? _____

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

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

12. Have you ever claimed Disabled or Non-disabled Veterans credits on any State or local civil service
examination? _____

If yes, please give the title and date of the examination and the name of the jurisdiction where you tested.

Exam title: _____ Date: _____ Jurisdiction: _____

TO BE COMPLETED ONLY BY CANDIDATES WISHING TO CLAIM DISABLED VETERANS CREDITS

13. Veterans Administration claim number _____

Attach a copy of your most recent certificate indicating a disability of 10% or more. If you do not have such verification, submit in duplicate the "Authorization for Disability Record" form MSD-332-VC-3 to the Veterans Administration.

TO BE SWORN 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.

APPLICANTS SIGNATURE _____ DATED _____

SWORN TO BEFORE ME THIS _____ DAY OF _____ 200 _____

Notary Public or Commissioner of Deeds

REMEMBER, IN ORDER TO BE ELIGIBLE FOR EXTRA CREDIT, THIS FORM, YOUR DD-214 DISCHARGE PAPERS AND DISABILITY PAPERWORK (IF APPLICABLE) MUST BE ON FILE AND APPROVED PRIOR TO ESTABLISHMENT OF THE ELIGIBLE LIST.