

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

CITY OF AUBURN CIVIL SERVICE COMMISSION
AUBURN, NEW YORK

APPLICATION FOR VETERANS' CREDITS

Do Not Write in This Space

Date By

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

1. Claim is hereby submitted for () Disabled Veterans () 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 (v) in which you served () Army; () Navy; () Marine Corps; () 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. 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
17. If answer to Item 16 is "Yes", give title and date of examination.
Title _____ Date _____
18. Date accompany 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 _____

19 _____

Notary Public or Commissioner of Deeds