Form MSD 332VC1

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.		

( ) Disabled Veterans

1. Claim is hereby submitted for ( ) 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 .....

* As indicated in your discharge or Certificate of Service

(OVER)

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