

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

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**APPLICATION FOR VETERANS' CREDIT**

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- ( ) 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
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**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

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**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. \_\_\_\_\_

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**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