

Form MSD-332VC1
Answer every question.
Type or write with ink
Not valid unless notarized and
accompanied by evidence of
discharge.

Application for Veterans' Credits
Columbia County Civil Service Commission
401 State St.
Hudson, NY 12534

Do not write in this space
1. Veteran credits approved
2. Disabled veteran credits
approved.
3. Credits recorded on
application

Date By

1. Claim is hereby submitted for non-disabled Veterans credits on the examination for _____
 disabled

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:

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 (X) in which you served: () Army () Navy () Marine Corp () Coast Guard () Air Force

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

11. Dates of active service: From _____ to _____ 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

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 the title and date of examination.

_____ Title _____ Date

18. Date accompany Form MSD-333 VC-3 "Authorization For Disability Record" was sent to Veterans Administration

_____ Date

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