

Form MSD 332VCI

Answer Every Question.
Type or write with ink.
NOT VALID UNLESS
NOTARIZED AND
ACCOMPANIED BY EVIDENCE
OF DISCHARGE.

**BROOME COUNTY PERSONNEL
DEPARTMENT**

**3rd Floor County Office Building
60 Hawley Street
P.O. Box 1766 Government Plaza Binghamton,
New York 13902**

**APPLICATION FOR
VETERANS' CREDIT**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

DO NOT WRITE IN THIS SPACE

	Date	By
1. Veteran credits approved		
2. Disabled veteran credits approved		
3. Credits recorded on application		
4. Credits recorded on veteran's card		

() Disabled Veterans

1. Claim is hereby submitted for () Non-Disabled Veterans credits on the examination (s) listed:

2. Number _____, to be held _____, 20 _____

Print Full Name _____ First _____ Middle Last _____

3. Present Address _____
Street _____ City _____ State _____ Zip _____

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 Zip _____

me address at time of separation:

_____ No. _____ Street _____ City _____ State _____ Zip _____

me address for one year prior to date of this application:

6. Ho _____

7. Ho _____

_____ No. _____ Street _____ City _____ State _____ Zip _____

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 check mark in which you served: () Army; () Navy; () Marine Corps; () Coast Guard; () Air Force
- _____ 10. Date of _____
enlistment or induction _____
Dates of active service: From _____ Place of enlistment or _____
induction Service Serial No. _____

11. _____ to _____
12. Last Rank Attached to _____
13. Were you discharged or (released to inactive duty) under honorable conditions? ___ Yes
_____ No
- Reasons 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

OVER

DISABLED VETERANS' CREDITS

(This Section 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
- If answer to Item 16 is "Yes", give title and date of examination.
17. 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 _____

Notary Public or Commissioner of Deeds