APPLICATION FOR VETERANS’ CREDIT

( ) 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

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
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. ____________________

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