



**SCHUYLER COUNTY
CIVIL SERVICE DEPARTMENT**

105 Ninth Street, Unit 21
Watkins Glen, NY 14891
(607) 535-8190 Fax: (607) 535-8193
E-Mail: ljohnson@co.schuyler.ny.us

For Civil Service Use Only

	Date	By
Veteran credits approved	_____	_____
Disabled veteran credits approved	_____	_____
Credits recorded on eligible list	_____	_____

APPLICATION FOR VETERANS CREDIT

Answer every question. Submit copy of discharge document (DD 214).

Name (print clearly)		Social Security Number	
Legal Address		Service Serial Number	Date of Birth
Street _____		Dates of Active Service	
City _____ State _____ Zip _____		From: _____ To: _____	
Mailing Address (if different) _____		Residence on Date of Entry—Military Service	
		County: _____	State: _____
Credits Claimed (Check One)			
<input type="checkbox"/> Non-Disabled Veteran <input type="checkbox"/> Disabled Veteran			
If you are claiming credits as a Disabled Veteran:			
V.A. Claim No. _____			
Have you sent Disability Record Authorization to V.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

7. List ALL of your periods of public service employment since January 1, 1951.

Dates		Employer Name and Address	Title of Your Position	Veterans Credit Used	
From	To			Yes	No

I declare, subject to the penalties of perjury, that the statements made on this form and any attachments are to the best of my knowledge true and correct.

Signature _____ Date _____