

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  
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		

1. Claim is hereby submitted for  Disabled Veterans  
( ) Non-Disabled Veterans credits on the examination \_\_\_\_\_

Number \_\_\_\_\_, to be held \_\_\_\_\_, 20 \_\_\_\_\_

2. 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

6. Home address at time of separation:  
\_\_\_\_\_ No. Street City State Zip

7. Home address for one year prior to date of this application:  
\_\_\_\_\_ 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 \_\_\_\_\_ Place of enlistment or induction \_\_\_\_\_

11. Dates of active service: From \_\_\_\_\_ to \_\_\_\_\_ Service Serial No. \_\_\_\_\_

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

**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
17. If answer to Item 16 is "Yes", give title and date of examination.  
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 \_\_\_\_\_

20 \_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds