

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

Application for Veteran's Credits

	Date	By
1. Veteran credits approved	_____	_____
2. Disabled Veterans credits approved	_____	_____
3. Credits recorded on application.	_____	_____

1. Claim is hereby submitted for Disabled Veterans
 Non-Disabled Veterans Credits on the examination for _____

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
 From _____ to _____ Place _____
 From _____ to _____ Place _____
 From _____ to _____ Place _____
 From _____ to _____ Place _____

U. S. MILITARY SERVICE *

9. Indicate by (X) in which you served Army; Navy; Marine Corps; Coast Guard
 Air Force; National Guard

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

11. Dates of active service: From _____ to _____ Service Serial Number _____

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

13. 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 on your discharge or Certificate of Service

DISABLED VETERANS CREDITS

15. Veterans Administration Claim Number _____

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 forgoing statements are full and true to the best of my knowledge and belief.

Date _____ Applicant's Signature _____

Sworn to before me on this _____ day of _____, 20 _____

Notary Public or Commissioner of Deeds