



**OTSEGO COUNTY
CIVIL SERVICE DEPARTMENT**

197 Main St.
Cooperstown, NY 13326
(607) 547-4239 Fax: (607) 547-6496
E-Mail: personnel@otsegocounty.com

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 _____