

Form MSD 332VCI

Answer Every Question.
Type or write with ink.
NOT VALID UNLESS
NOTARIZED AND
ACCOMPANIED BY EVIDENCE
OF DISCHARGE.

CITY OF NORWICH
HUMAN RESOURCES
DEPARTMENT
ONE CITY PLAZA
NORWICH NY 13815

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