

APPLICATION FOR VETERANS' CREDIT

Madison County Department of Human Resources
P.O. Box 636
138 North Court Street
Wampsville, New York 13163

Telephone: (315) 366-2341 Fax: (315) 366-2725

Website: www.madisoncounty.ny.gov

Answer every question completely. Print or type only. Not valid unless accompanied by discharge document (*see B on attached page*).

1. Exam #: _____ Exam Title: _____
2. Name: _____
(First) _____ (MI) _____ (Last) _____
3. Mailing Address: _____
(Number & Street) _____ (City) _____ (State) _____ (Zip) _____
4. Legal Address: _____
(Number & Street) _____ (City) _____ (State) _____ (Zip) _____
5. Social Security Number: _____
6. Dates of Active Service: From: _____ To: _____
7. Are you a citizen of the United States or an alien lawfully admitted for permanent residence? Yes No
8. Were you discharged under honorable conditions or released under honorable circumstances? Yes No
9. Type of Veterans' Credits Claimed (check one):
 Non-Disabled Veterans' Credits
 Disabled Veterans' Credits U.S. Veteran's Administration Claim No. _____
 Conditional Veterans' Credits (*I'm currently on active duty in the Armed Forces.*)
10. Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed on the following direction sheet. Yes No
11. Have you **USED NON-DISABLED** veteran credits for a permanent appointment to a
a. position in New York State or Local Government? Yes No
If you answered "Yes" to 11a. above, you must answer 11b. If answered "No", please skip to 12.
b. **subsequently** certified as having a service connected disability rated at 10% or more by the U.S. Department of Veteran Affairs? Yes No

12. List ALL your public service employment since January 1, 1951. Attach additional sheet if necessary.

DATES		EMPLOYER NAME AND ADDRESS	TITLE OF YOUR POSITION	VETERANS CREDITS USED (Yes or No)
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

13. 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: _____

SEE NEXT PAGE FOR FURTHER INSTRUCTION.

Instructions for the Application for Veterans' Credits

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Phone (315) 366-2341; Fax (315) 366-2725; Website: www.madisoncounty.ny.gov

READ AND FOLLOW INSTRUCTIONS CAREFULLY

According to New York State Civil Service Law, additional credit for examinations may be granted to successful candidates who have claimed and have established status as a disabled veteran or non-disabled veteran. A candidate who is currently serving in the Armed Forces (*for other than training purposes*) may receive conditional veterans' credits. This credit is granted on the following basis:

	<u>Open-Competitive Examination</u>	<u>Promotion Examination</u>
**Disabled Veteran	10	5
Non-Disabled Veteran	5	2.5

****NOTE:** If you have used your non-disabled credit for appointment and are now certified disabled, such a veteran would be entitled to an additional grant of credits equal to the difference between 10 credits and the number of credits received at initial appointment or promotion.

In order that your application for additional credit as a veteran can be processed, follow the instructions below. Failure to follow these instructions completely may result in restriction on the eligible list. Please give this your immediate attention since Veterans' Credit cannot be granted after the eligible list has been established.

1. Answer all questions on page 1 of this form, attach documentary proof of your eligibility as specified under B. below and mail to the Madison County Department of Human Resources.
2. To qualify for credit as a **disabled veteran**, the Department of Veterans Affairs needs to certify that you were disabled in the actual performance of duty in any war, that your disability is rated at 10% or more and your disability existed at the time of application for appointment or promotion. If you are disabled, you must request a "Disability Record Authorization" form from this office, in duplicate, and forward both copies immediately to your Regional Office of the United States Department of Veterans Affairs. The regional Department of Veterans Affairs must verify your disability status and return the "Disability Record Authorization" form to our office.

A. ELIGIBILITY REQUIREMENTS

1. You were honorably discharged or released from the Armed Forces of the United States under honorable circumstances.
2. You have served on active duty in the Armed Forces of the United States during any of the following periods, as defined in Section 85 of the New York State Civil Service Law:
 - (a) December 7, 1941 to December 31, 1946; June 27, 1950 to January 31, 1955; February 28, 1961 to May 7, 1975; Persian Gulf-August 2, 1990 to the date upon which such hostilities end.
 - (b) U.S. Public Health Service: July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952.

The Armed Forces expeditionary medal, Navy expeditionary medal or Marine Corps expeditionary medal for Hostilities in Lebanon: June 1, 1983 to December 1, 1987; Hostilities in Grenada: October 23, 1983 to November 21, 1983; Hostilities in Panama: December 20, 1989 to January 31, 1990.

3. If since January 1, 1951, you used your veterans' credits for permanent appointment or promotion in New York State or its civil divisions, you may not claim them again.
4. Citizen of the United States or alien lawfully admitted for permanent residence.
5. A resident of New York State at time of application for examination.
6. For conditional credit, you must be currently serving in the Armed Forces of the United States, for other than training purposes. Proof of either veteran or disabled veterans' status must be provided before the expiration of the eligible list.

B. ACCEPTABLE DOCUMENTARY PROOF – Report of Military Separation:

Report of Separation and Honorable Discharge and/or Certificate of Service. Acceptable military forms NAVPERS-553; NAVMC-78 PD; WDAGO-53; 55; WDAGO-53, 98; DD 214. If your name is different from that shown on your Report of Separation and Honorable Discharge and/or Certificate of Service, include a marriage certificate or other legal document to verify the change.

NOTE: Any of the documents listed above, either the original or photocopy, will be considered as satisfactory evidence for each.

If you have any questions concerning procedures regarding your application, please write or phone this office. Include the number and title of the examination in the written inquiry.

VA Regional Offices

Main: Veterans Administration
130 South Elmwood Avenue
Buffalo, New York 14202-2478

Main: Veterans Administration
245 West Houston Street
New York, New York 10014

Counties under Buffalo office:

ALLEGHENY
BROOME
CATTARAUGUS
CAYUGA
CHAUTAUQUA
CHEMUNG
CHENANGO
CORTLAND
ERIE
GENESEE
HERKIMER
JEFFERSON
LEWIS
LIVINGSTON
MADISON
MONROE
NIAGARA
ONEIDA
ONONDAGA
ONTARIO
ORLEANS
OSWEGO
ST. LAWRENCE
SCHUYLER
SENECA
STEUBEN
TIOGA
TOMPKINS
WAYNE
WYOMING
YATES

Counties under NYC office:

ALBANY
BRONX
CLINTON
COLUMBIA
DELAWARE
DUTCHESS
ESSEX
FRANKLIN
FULTON
GREENE
HAMILTON
KINGS
MONTGOMERY
NASSAU
NEW YORK
ORANGE
OTSEGO
PUTNAM
QUEENS
RENSSELAER
RICHMOND
ROCKLAND
SARATOGA
SCHEECTADY
SCHOHARIE
SUFFOLK
SULLIVAN
ULSTER
WARREN
WASHINGTON
WESTCHESTER