## Form MSD 332VC1

Answer Every Question.

Type or write with ink.

## Lackawanna Municipal Civil Service Commission

CITY HALL - LACKAWANNA NY 14218

Do Not	Write	In	This	Space

1.) Veteran credits approved 2.)Disabled Veteran credits approved

3.) Credits recorded on application

By:

## **APPLICATION FOR VETERAN'S CREDITS**

1. Claim is hereby submitt		d Veters abled Veters credits on	the examination for		
To be held: 2. Print Full Name:		, 20			
Firs 3. Present Address:	t	Middle	Last	Suffix	
Stre 4. Are you a citizen of the		City YesN	State Io	Zip	
		RESIDENCE			
5. Home address at time of	of entry into military:				
No. 6. Home address at time of	Street of separation:		City	State	Zip
No. 7. Home address for one y	Street vear prior to date of th	nis application:	City	State	Zip
No.	Street		City	State	Zip
8. Legal residence for three Dates	e years prior to entra	nce into military service	e: Address		
From: To:					
From: To:					
From: To:					
		US Military Serv	vice		
9. Indicate by (V) in which	you served ( ) Ar	my; ( ) Na	vy; ( ) Marine Co	rps; ( ) Coa	ast Guard
Date of enlistment of indu	uction	Place	of enlistment or induction		
10. Dates of active service	: From	То	Service Serial No.		
11. Last Rank		Attach	ed to		
12. Were you discharged	or (released to inactiv	e duty) under honorabl	e conditions:Yes	No	
13. Reason for discharge of	or release to inactive o	duty, as stated on certif	icate:		
14. Date of discharge or e	nd of terminal leave		Place of discharge:		

## **DISABLED VETERANS CREDITS**

(To be completed 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 The Department of Personnel? 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:						
Applicant Signature: Date:						
Please return by mail or hand deliver to:						

City Hall 714 Ridge Rd. Rm. 214 Lackawanna NY 14218