



**OTSEGO COUNTY  
CIVIL SERVICE DEPARTMENT**

197 Main St.  
Cooperstown, NY 13326  
(607) 547-4239 Fax: (607) 547-6496  
E-Mail: [personnel@otsegocounty.com](mailto: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 Street _____ City _____ State _____ Zip _____	Service Serial Number	Date of Birth
	Dates of Active Service 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 \_\_\_\_\_