



Oswego County Human Resources Department

46 East Bridge Street, Oswego, NY 13126

Phone: (315) 349-8209 Fax: (315) 349-8254

Email: humanresources@oswegocounty.com Web: www.oswegocounty.com/humanresources

APPLICATION FOR VETERANS' CREDIT FORM

According to Civil Service Law, additional credit in examination may be granted to successful candidates who have claimed and established status as disabled veterans or non-disabled veterans. A candidate who is currently serving in the Armed Forces (for other than training purposes) may receive conditional veterans' credit. The following points may be granted:

	<u>Open Competitive Examinations</u>	<u>Promotional Examinations</u>
**Disabled Veterans	10	5
Non-Disabled Veterans	5	2.5

Points are added to the final passing score and may only be granted at the time the eligible list is established. Veterans' credits cannot be granted after the eligible list is established.

****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.

A. INSTRUCTIONS TO VETERANS:

To be considered for additional credit as a veteran, you must submit an "Application for Veterans' Credit Form" with a copy of your discharge papers or certificate of service. ***Please give this immediate attention since veterans' credits cannot be granted after the eligible list is established.***

Answer all questions on the application form; attach documentary proof of your eligibility, as specified under "B" and "C" below and mail to the above address.

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 percent or more and your disability exists at the time of application for appointment or promotion. ***If you are disabled, you must request an "Authorization for Disability Record" form from this office. Complete the form, in duplicate, and forward both copies to the regional office of the Department of Veterans' Affairs where your disability pension is on file (please note this is not the local County Veterans' Office). The regional Department of Veterans Affairs must verify your disability status and return the 'Authorization for Disability Record' to our office.***

B. ELIGIBILITY REQUIREMENTS:

1. Citizen of the United States or alien lawfully admitted for permanent residence.
2. A resident of New York State at time of application for examination.
3. Must have served during a designated time of war.



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Answer every question. Not valid unless accompanied by discharge documents or other proof of active military service.

(Do not write in this space)

	Date	By		Date	By
1. Non-Disabled credits approved			4. Disabled (used Non-Disabled OC pts) approved		
2. Disabled credits approved			5. Disabled (used Non-Disabled PROM pts) approved		
3. Conditional credits approved			6. Disapproved veterans' credits		

Number and Title of Examination: _____

Name and Mailing Address:

Name: _____

Home Address: _____

Street City State Zip

Present Legal Residence:

Name: _____

Home Address: _____

Street City State Zip

Social Security Number: _____

Service Serial Number(s): _____

Indicate Dates of Active Service: _____

Are you a citizen of the U.S. or alien lawfully admitted for permanent residence: Yes No

Type of Veterans' Credits Claimed (check one):

- Non-Disabled Veterans' Credits
- Disabled Veterans' Credits Claim No. _____
- Conditional Veterans' Credits (I am currently on active duty in the Armed Forces)

LIST ALL YOUR PUBLIC SERVICE EMPLOYMENT SINCE JANUARY 1, 1951

Dates		Employer Name and Address	Title of Your Position	Veterans' Credits Used Yes / No
From	To			

(Attach additional sheets if necessary)

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: _____