

<p>Answer every question that applies to you.</p> <p style="text-align: center;">Type or write with ink.</p> <p style="text-align: center;">Not valid unless notarized and accompanied by evidence of discharge or other proof of active military service.</p>	<p>Chautauqua County Department of Human Resources 3 N. Erie Street, Room 144 Gerace Office Building Mayville, NY 14757-1007</p> <p><b>APPLICATION FOR VETERANS' CREDIT</b></p>	<p style="text-align: center;"><b>DO NOT WRITE IN THIS SPACE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Date</th> <th style="width: 10%;">By</th> </tr> </thead> <tbody> <tr> <td>Veteran credits approved</td> <td></td> <td></td> </tr> <tr> <td>Disabled Veteran Credits Approved</td> <td></td> <td></td> </tr> <tr> <td>Credits recorded on application</td> <td></td> <td></td> </tr> <tr> <td>Credits recorded on veteran's card</td> <td></td> <td></td> </tr> </tbody> </table>		Date	By	Veteran credits approved			Disabled Veteran Credits Approved			Credits recorded on application			Credits recorded on veteran's card		
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**Complete questions 1 through 9 below**

1. Number and Title of Examination: \_\_\_\_\_
2. Type of Veterans' Credit Claimed (check one):
  - Non-Disabled Veterans' Credit
  - Disabled Veterans' Credit
  - Conditional Veterans' Credit (I am currently on active duty in the Armed Forces)
3. Print Full Name \_\_\_\_\_  

First
Middle
Last
4. Social Security Number \_\_\_\_\_
5. Present Address \_\_\_\_\_  

Street
City
State
Zip
6. Are you a citizen of the United States or alien lawfully admitted for permanent residence?  Yes  No
7. Have you used Veterans' Credits for any appointment to a New York State job or job in New York State service since January 1, 1951?  Yes  No
8. Indicate dates of active Military service: From: \_\_\_\_\_ To: \_\_\_\_\_
9. Were you discharged or released from service under honorable circumstances?  Yes  No

**DISABLED VETERANS' CREDIT**

(To be completed only by applicants claiming Disabled Veterans' Credit)

10. Veterans Administration Claim Number: \_\_\_\_\_
11. Have you previously claimed Disabled Veteran's Credit for any previous examination given by Chautauqua County?  
 Yes  No      If you answered "Yes", please state the title and date of the examination:  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_
12. Please state the date you sent the form entitled "Authorization For Disability Record" to the Veterans Administration: \_\_\_\_\_

(All applicants must complete this section)

**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.

\_\_\_\_\_  
Applicant's Signature Date

Sworn to me this \_\_\_\_\_ day, of the month \_\_\_\_\_, of the year 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**"VA HAS REQUESTED THAT VC-3 FORMS  
BE SUBMITTED TO THEM IN DUPLICATE"**

**Veteran, please refer to form VC-3  
Initials of Sender:**

<p><b>INSTRUCTIONS</b> Applicant must complete Section I. (Type or write with ink) Forward to Regional Office of Veterans Affairs 130 South Elmwood Avenue, Buffalo, NY 14202, <b>OR</b> to the Regional Office of Veterans Affairs where your disability claim is now on file.</p>	<p>Chautauqua County Department of Human Resources 3 N. Erie Street, Room 144 Gerace Office Building Mayville, NY 14757-1007</p> <p><b>AUTHORIZATION FOR DISABILITY RECORD</b></p>	<p>Veterans Administration: Retain one copy and forward duplicate to:  Chautauqua County Department of Human Resources</p>
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**SECTION I**

Date: \_\_\_\_\_

To: Manager, Veterans Administration \_\_\_\_\_ New York

I hereby authorize you to furnish to the Municipal Civil Service Commission named above, with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature: \_\_\_\_\_

Print full name here: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Veterans Administration Claim Number: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Examination or eligible list for which preference is claimed:

Title: \_\_\_\_\_ Number: \_\_\_\_\_

Title: \_\_\_\_\_ Number: \_\_\_\_\_

Title: \_\_\_\_\_ Number: \_\_\_\_\_

**SECTION II – TO BE FILLED OUT BY THE VETERANS ADMINISTRATION**

Date: \_\_\_\_\_

Veterans Administration Claim Number: \_\_\_\_\_

Does the above veteran have a service connected disability now in existence that was incurred during a time of war?  Yes  No

State percentage of service connected disability now in existence. \_\_\_\_\_

Description of such disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last medical examination by the V. A. Medical Officer in connection with such disability \_\_\_\_\_

If the date in answer to Question 5 is less than one year ago, do not answer the following questions:

Does the V. A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a Medical Officer of the V. A. within one year?  Yes  No

Date of next scheduled medical examination by the V. A. \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Adjudication Officer Signature

\_\_\_\_\_  
Regional V. A. Office

**Chautauqua County Department of Human Resources**  
**3 N. Erie Street, Room 144**  
**Gerace Office Building**  
**Mayville, New York 14757-1007**  
**(716) 753-4237**

**INSTRUCTIONS FOR CLAIMING VETERANS' CREDIT**

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 Examination</u>	<u>Promotional Examination</u>
Disabled Veteran	10 pts.	5 pts.
Non-Disabled Veteran	5 pts.	2.5 pts.

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

**A. INSTRUCTIONS TO VETERANS:**

To be considered for additional credit as a veteran, you must submit an "Application for Veterans' Credit" with a copy of your discharge papers or certificate of service. Please give this immediate attention since veterans' credit 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, you must have a service connected disability rated at 10 percent or more that was incurred during a time of war. 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 US Veterans' Administration where your disability pension is on file. Please note this is not the local County Veterans' Office. The Regional Veterans' Administration 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.
3. Must have served during a designated time of war.
4. Honorably discharged or separated from the Armed Forces of the United States.
5. For conditional credit, must be currently serving in the Armed Forces of the United States, for other than training purposes.
6. Although you may request veterans' credit for more than one exam, you may use the credit only once for permanent appointment or promotion. If you have used your veterans' credit for permanent appointment or promotion in New York State or its civil division, you may not claim veterans' credit again.

(See reverse side)

7. Active duty in the Armed Forces of the United States during any of the following periods:

- |                             |  |
|-----------------------------|--|
| a. World War II             | December 7, 1941 to December 31, 1946                                  |
| b. Korean Conflict          | June 27, 1950 to January 31, 1955                                      |
| c. Vietnam Conflict         | February 28, 1961 to May 7, 1975                                       |
| d. US Public Health Service | July 29, 1945 to December 31, 1946 or<br>June 27, 1950 to July 3, 1952 |
| e. Lebanon Hostilities*     | June 1, 1983 to December 1, 1987                                       |
| f. Grenada Hostilities*     | October 23, 1983 to November 21, 1983                                  |
| g. Panama Hostilities*      | December 20, 1989 to January 31, 1990                                  |
| h. Persian Gulf Conflict    | August 2, 1990 to the end of such hostilities not yet determined       |

\* NOTE: Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces, Navy or Marine Corps Expeditionary Medal.

**C. ACCEPTABLE DOCUMENTARY PROOF**

Report of Separation and Honorable Discharge and/or Certificate of Service. Acceptable military forms NAVPERS-553; NAVMC-78; WDAGO-53, 55; WDAGO-53, 98; DD214. If your name is different from that shown on your Report of Separation and Honorable Discharge and/or Certificate of Service, include marriage certificate or other legal document to verify the change.

For a candidate currently in the Armed Forces, documentary proof may include military identification, military orders or other military documents verifying active military service at the time of examination.

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