ANSWER EVERY QUESTION, PRINT OR TYPE ONLY, NOT VALID UNLESS ACCOMPANIED BY DISCHARGE DOCUMENT

**APPLICATION FOR VETERANS’ CREDITS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Position Title** | | |  | **Examination Number** | |  |  | |  |  | |  | |  |
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|  | | | | | |  |  | | | | |  | |  |
| **Last Name** | | |  | **First Name** | **MI** |  | **Date of Birth** *(MM/DD/YYYY)* | |  |  | |  | |  |
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|  | | | | | |  |  | | | | | | |  |
| **Street Address** | | |  |  |  |  | **Service Serial Number** | | | | |  | |  |
|  | |  |  |  |  |  |  | |  |  | |  | |  |
|  | | | | | |  | From: | | | To: | | | |  |
| **City** | |  |  | **State** | **Zip** |  | **Dates of Active Service** | | | | |  | |  |
|  | |  |  |  |  |  |  | |  |  | |  | |  |
| **Home:** | | | | **Other:** | |  | *Present Legal Residence* | | | | |  | |  |
| **Phone Number** | | |  |  |  |  |  | | | | | | |  |
|  | |  |  |  |  |  | **Street Address** | | |  | |  | |  |
| **/ /** | | | | |  |  |  | | |  | |  | | |
| **Social Security Number** | | | | |  |  | **City** | |  | **State** | | **Zip** | |  |
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| **LIST ALL YOUR PUBLIC EMPLOYMENTS SINCE JANUARY 1, 1951** | | | | | | | | | | | | | | |
| **Dates** | | |  |  |  |  | |  |  |  | **Veterans' Credit Used?** | | | |
| **From** | **To** | | **Employer Name and Address** | | | | | **Title** |  |  | **Yes** | | **No** | |
|  |  | |  | | | | |  | | |  | |  | |
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|  |  | |  | *(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.** | | | | | | | | | | | | | | |
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|  | |  |  |  |  |  | |  |  |  | |  | |  |
| **Signature** | |  | | | | | | **Date** |  | | | | | |
|  | |  |  |  |  |  | |  |  |  | |  | |  |