

## **CATTARAUGUS COUNTY CIVIL SERVICE**

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

## **APPLICATION FOR VETERANS' CREDITS**

Position Title		Examination Number					
Last Nam	e	First Name	MI	Date of Birth (MM/DD/YY)	YY)		
Street Address			Service Serial Number				
				From:	To:		
City		State	Zip	<b>Dates of Active Service</b>			
Home: Phone Nu	mhor	Other:		Present Legal Residence			
I HOHE INU	mber			Street Address			
	/	/					
Social Security Number				City	State		Zip
	L	IST ALL YOUR PU	UBLIC EM	PLOYMENTS SINCE JANU	UARY 1, 1951		
Dates						Veterans' Credit Used?	
From	То	Employer Name a	nd Address	Title		Yes	No

(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 \_\_\_\_\_