

Answer Every Question.
Type or write with ink.
Not valid unless notarized and
accompanied by evidence of
discharge.

MUNICIPAL CIVIL SERVICE COMMISSION
City of Mount Vernon, N. Y.

Do Not Write In This Space

Date By

- 1. Veteran preference approved.
- 2. Disabled Veteran preference approved.
- 3. Preference recorded on application.

APPLICATION For VETERANS' CREDITS

1. Claim is hereby submitted for () Disabled Veterans () Non-Disabled Veterans preference on the examination for

Number....., to be held, 19

2. Print Full Name
First Middle Last

3. Present Address
Street City State

4. Are you a citizen of the United States?YesNo.

RESIDENCE

5. Home address at time of entry into military service:

No. Street City State

6. Home address at time of separation:

No. Street City State

7. Home address for one year prior to date of this application:

No. Street City State

8. Legal residence for three years prior to entrance into military service:

Dates Place

From..... to.....

From..... to.....

From..... to.....

From..... to.....

U. S. MILITARY SERVICE *

9. Indicate by (✓) in which you served () Army; () Navy; () Marine Corps; () Coast Guard; () Air Force

10. Date of enlistment or induction Place of enlistment or induction

11. Dates of active service: From..... to..... Service Serial No.

12. Last Rank Attached to

13. Were you discharged or (released to inactive duty) under honorable conditions?YesNo

Reason for discharge or release to inactive duty, as stated on certificate

14. Date of discharge or end of terminal leave Place of discharge

* As indicated in your discharge or Certificate of Service

DISABLED VETERANS PREFERENCE

(To be completed only by applicants claiming disabled veterans' preference)

- 15. Veterans Administration Claim No.
- 16. Have you claimed preference as a Disabled Veteran in any previous examination given by this Civil Service Commission?
.....YesNo
- 17. If answer to Item 16 is "Yes", give title and date of examination.
Title Date
- 18. Date accompanying Form MSB333 VP-3 "Authorization For Disability Record" was sent to Veterans Administration
.....

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.

Date Applicant's Signature

Sworn to before me this day of

19

.....
Notary Public or Commissioner of Deeds