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

**APPLICATION FOR VETERANS’ CREDITS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |   |  |  |  |  |  |  |
| **Position Title** |  | **Examination Number** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |  |  |
| **Last Name** |  | **First Name** | **MI** |  | **Date of Birth** *(MM/DD/YYYY)* |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |  |
| **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** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **LIST ALL YOUR PUBLIC EMPLOYMENTS SINCE JANUARY 1, 1951** |
| **Dates** |  |  |  |  |  |  |  | **Veterans' Credit Used?** |
| **From** | **To** | **Employer Name and 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** |   |
|  |  |  |  |  |  |  |  |  |  |  |