



**ALLEGANY COUNTY**  
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## **INSTRUCTIONS AND INFORMATION FOR VETERAN CREDITS**

If you are making a claim for veteran's credits with your application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination(s) listed on your application should be elaborated on this form. If you are claiming veteran's credits, you must check (✓) the appropriate category in question 12 on the application and answer all questions A-E on this form. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions A-C and a "NO" answer to question E, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question C.

Persons claiming credits as a disabled war veteran will be contacted by the Department of Civil Service for additional information as necessary.

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents as necessary at the time of appointment. If you are selected for appointment, you will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by the Department of Civil Service. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credits as a result of such material misstatement or fraud.

Answer questions A-F **only** if you are claiming additional credits as a disabled or non-disabled veteran on your exam. Be sure that you have claimed these credits in question 12 on your application.

**A.** Have you ever served in the Armed Forces of the United States?

(The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.)

Yes       No

**B.** If "YES", did you receive a discharge that was honorable or were you released under honorable circumstances?

Yes       No

**C.** Did you serve in the Armed Forces of the United States during any of the following periods? Please **mark the box** for the period in which you served.

- December 7, 1941 to December 31, 1946 World War II
- July 29, 1945 to September 2, 1945 U.S. Public Health Service
- June 26, 1950 to July 3, 1952 U.S. Public Health Service
- June 27, 1950 to January 31, 1955 Korean Conflict
- February 28, 1961 to May 7, 1975 Vietnam Conflict
- June 1, 1983 to December 1, 1987 **\*See note below.**
- October 23, 1983 to November 21, 1983 **\*See note below.**
- December 20, 1989 to January 31, 1990 **\*See note below.**
- August 2, 1990 to end not yet determined Persian Gulf Conflict

*\* Credit limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.*

**YOU MUST PROVIDE A COPY OF DD-214 SHOWING DATES OF ACTIVE SERVICE.**

**D.** Are you currently both a U.S. Citizen and a resident of New York State?

Yes       No

**E.** Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

Yes       No

**F.** Have you used additional credits as a non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions **AND** since been certified with a service-related disability?

Yes       No

If yes, have you used additional disabled credits?

Yes       No

Please provide details, including where used and for which examination \_\_\_\_\_

\_\_\_\_\_

***I affirm that the statements made on this form are true under the penalties of perjury.***

X \_\_\_\_\_

SIGNATURE

DATE

Indicate any other surname (last name) by which you are or have been known.

PLEASE PRINT.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**