

**APPLICATION FOR VETERANS CREDIT**

**Genesee County Human Resources  
 County Building I, 15 Main St.  
 Batavia, New York 14020**

**ANSWER EVERY QUESTION. PRINT OR TYPE ONLY.  
 NOT VALID UNLESS ACCOMPANIED BY DISCHARGE DOCUMENTS.**

EXAMINATION TITLE AND NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

LEGAL ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

MAILING ADDRESS (If different from above): \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

SERVICE SERIAL NUMBER(S): \_\_\_\_\_

DATES OF ACTIVE SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

RESIDENCE ON DATE OF ENTRY-MILITARY SERVICE: County \_\_\_\_\_ State \_\_\_\_\_

CREDITS CLAIMED (CHECK ONE):  Non-Disabled Veteran  Disabled Veteran – V.A. Claim No. \_\_\_\_\_

HAVE YOU SENT AUTHORIZATION FOR DISABILITY RECORDS TO V.A.? Yes  No

LIST ALL YOUR PUBLIC SERVICE EMPLOYMENTS SINCE JANUARY 1, 1951:

Dates		Employer Name and Address	Title of your Position	Vets Credits Used	
From	To			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: \_\_\_\_\_

**FOR GENESEE COUNTY HUMAN RESOURCES USE ONLY**

Date Received: \_\_\_\_\_ Veterans Credits Approved: \_\_\_\_\_ Disabled Veteran Credit Approved: \_\_\_\_\_

Credits Recorded on Eligible List: \_\_\_\_\_

## INSTRUCTIONS TO VETERANS

Dear Veteran:

Your application in the examination for \_\_\_\_\_ states that you are claiming disabled (or non-disabled) veteran's credit.

According to Civil Service Law, additional credit in examinations are granted to successful candidates who have claimed and established status as disabled veterans or non-disabled veterans. This credit is granted on the following basis and is added only to a passing examination score:

	<u>Open-Competitive Examinations</u>	<u>Promotional Examinations</u>
Disabled Veteran	10	5
Non-Disabled Veteran	5	2.5

This additional credit which is added to the final score obtained in the examination may only be granted at the time of the establishment of the eligible list. Candidates who claim credit, but who fail to submit adequate proof of eligibility for such credit by the time the eligible list is established, cannot later be granted credit on such eligible list.

### Non-Disabled Veterans

To be considered for additional credit as a non-disabled veteran the enclosed VC-1 form must be completed and mailed with a copy of reports of separation and/or certificate of service from the armed forces of the United States (to this Commission).

### Disabled Veterans

In addition a disabled veteran must complete the enclosed VC-3 in duplicate. Forward both copies of the VC-3 form immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. The Veterans Administration will return one copy of the VC-3 to this office.

To qualify for credit in an examination as a non-disabled veteran, the discharge or certificate of service must show:

1. That you have served on active duty with the Armed Forces of the United States in time of war;
2. That you were honorably discharged or released under honorable circumstances from such services;
3. That you were a resident of New York State at the time of your entrance into the Armed Forces;
4. That you are a citizen and resident of New York State at the time of the establishment of the eligible list.

To qualify for credit as a disabled veteran, in addition to the four (4) factors listed above, the Department of Veteran's Affairs must certify that the disability was incurred in the actual performance of duty in any war, that the disability is rated at 10% or more, and that the disability was in existence at the time of application for Veterans Credit.

Your receipt of the enclosed forms does not mean that your application for the examination has been approved. These forms are often mailed before applications have been reviewed.

If you have any additional questions concerning procedures regarding your claim, please write or phone this office. Include the title and number of the examination in any letters of inquiry.

Cordially yours,

GENESEE COUNTY HUMAN RESOURCES

## ELECTION TO USE VETERANS CREDITS

### Instructions to Appointing Officer:

1. At the time of appointment or promotion, this form is to be completed by each veteran or disabled veteran granted additional credit as shown on the certification and who is now using such credit.
  2. Return this form to the Genesee County Human Resources office with report of appointment.
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### To the Human Resources Office:

Date \_\_\_\_\_

In accepting appointment to the position of \_\_\_\_\_,

I certify that I have not, since January 1, 1951, received a permanent appointment or permanent promotion in the service of this State or any of its Counties, Cities, Towns, Villages, School or special districts from an Eligible List on which I was granted additional credit as a veteran or disabled veteran.

I understand that the acceptance of this appointment exhausts my eligibility for additional credit in all future examinations and will result in the removal of additional credit on any other existing Eligible List on which my name appears.

\_\_\_\_\_  
Signature of Appointee

**CAUTION: This appointment shall be VOID if it is found that additional credit was previously used to secure a permanent appointment or permanent promotion.**

**ELECTION TO WITHDRAW VETERANS CREDITS**

Instructions to Appointing Officer:

1. This form is to be provided for the use of any eligible granted additional credits, as shown on the certification, who desires to relinquish his credits for any reason, including the possibility that his name may be reached for appointment without the use of such credits.
2. In the event an eligible withdraws his credits by signing this form, his name should be considered on the certification according to his rank order without such credits.
3. Return this form to the Genesee County Human Resources office with report of appointment.

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(ELIGIBLE IS TO COMPLETE THIS SECTION)

TO: The Human Resources Office,

Date \_\_\_\_\_

I hereby elect to relinquish my additional credit on the eligible list indicated below.

It is understood that this election is final and cannot be changed for this particular examination. However, this election does not affect my right to claim additional credits in other examinations.

\_\_\_\_\_  
Signature

List No. \_\_\_\_\_ Rank Order on List \_\_\_\_\_

Title of List \_\_\_\_\_

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(APPOINTING OFFICER IS TO COMPLETE THIS SECTION)

\_\_\_\_\_  
Municipality & Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR DISABILITY RECORD**

**Genesee County Human Resources  
County Building I, 15 Main St.  
Batavia, New York 14020**

**1. TO BE COMPLETED BY VETERAN**

Type or print in ink and send two copies of this form to the Department of Veterans Affairs where your disability claim is on file.

To Chief, Veterans Benefits and Services Division \_\_\_\_\_, NY \_\_\_\_\_

I hereby authorize you to furnish the Genesee County Human Resources office with the data requested in Section 2, below, pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

V.A. Claim Number \_\_\_\_\_ Service Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Number and Title of Examination for Which Credit is Claimed

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**2. TO BE COMPLETED BY VETERANS BENEFITS ADMINSTRATOR**

Please return original to the Genesee County Human Resources office at address indicated above.

Date \_\_\_\_\_ V.A. Claim Number \_\_\_\_\_ Service Number \_\_\_\_\_

a. Does the above named veteran now have a war incurred disability? Yes \_\_\_\_ No \_\_\_\_  
If "Yes" please enter date disability was sustained \_\_\_\_\_

b. State percentage of such disability now in existence: \_\_\_\_\_%

c. Date of last medical examination by the V.A. Medical Officer in connection with such disability.  
(IF LESS THAN ONE YEAR AGO, DO NOT ANSWER E AND F) \_\_\_\_\_

d. Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though claimant has not been examined by V.A. Medical Officer within one year? Yes \_\_\_\_ No \_\_\_\_

e. Date of next scheduled examination by the V.A. \_\_\_\_\_

f. Remarks:

Signature of Adjudication Officer \_\_\_\_\_