

APPLICATION FOR VETERANS CREDIT

**Genesee County Human Resources
County Building #1, 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.

(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 _____

(APPOINTING OFFICER IS TO COMPLETE THIS SECTION)

Municipality & Department

Signature

Date

AUTHORIZATION FOR DISABILITY RECORD

**Genesee County Human Resources
County Building #1, 15 Main St.
Batavia, New York 14020**

1. TO BE COMPLETED BY DISABLED VETERAN

Complete two copies on typewriter, or print in ink. Then send both copies to Office of Veterans Administration where your disability claim is on file.

To Manager, Veterans Administration _____, 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

VA Claim No. _____ Service Serial No. _____

Social Security Number _____

Number and Title of Examination for Which Credit is Claimed

2. TO BE COMPLETED BY VETERANS ADMINISTRATION

Please return original to the Genesee County Human Resources office

Date _____ Claim No. _____ Regional V.A. Office _____

- a. Does the above named veteran now have a war incurred disability? Yes ____ No ____
If "Yes" please enter date disability was sustained _____
- b. Is this veteran receiving disability payments from the V.A. for such disability? Yes ____ No ____
- c. State percentage of such disability now in existence: _____%
- d. Describe the disability (Attach additional sheets if necessary):

- e. 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 F AND G) _____
- f. 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 ____
- g. Date of next scheduled examination by the V.A. _____
- h. Remarks:

Signature of Adjudication Officer _____