



TOWN OF COLONIE

Civil Service Department

Memorial Town Hall

P.O. Box 508

Newtonville, New York 12128

Phone (518) 783-2721 Fax (518) 783-2802

Service by Facsimile Not Accepted

Equal Opportunity Employer

Paula A. Mahan
Town Supervisor

Michael M. Burick
Personnel Officer

VETERAN'S CREDIT APPLICATION

Before completing this form, please read the "INSTRUCTIONS TO VETERANS" ON THE FOLLOWING PAGE. This form is NOT valid unless accompanied by discharge documents or other proof of active military service.

Examination Title: _____ Exam Number: _____

Applicant's Name: _____ Soc.Sec.No: _ _ - _ - _ _ _
Last Name, First, Middle I.

Mailing Address: _____
Street Address or PO Box City State Zip

Legal Residence: _____
Street Address City State Zip

- Dates of Active Military Service __/__/____ TO __/__/____
- Service Serial Number(s) _____
- Branch of Service: __Army __Navy __Air Force __Marine Corps __Coast Guard
- County & State of Residence upon Date of entry into Military Service: County:_____ State:_____
- Were you discharged (or released to inactive duty) under honorable conditions? __Yes __No
- Citizenship: Are you a United State Citizen? __Yes __No
- Type of veteran Credits you would like to claim: __Non-Disabled __Disabled*

*Important: If claiming Disabled Credits, you must send a "Veteran's Authorization for Disability Record" form to the Veterans Administration.

- List all of your PUBLIC SERVICE EMPLOYMENTS since January 1, 1951. Attach additional sheets if necessary.

Dates of Employment	Employer Name & Address	Title of Your Position	Vets Credits Used?
__/__/__ to __/__/__	_____	_____	Yes ___ No ___
__/__/__ to __/__/__	_____	_____	Yes ___ No ___
__/__/__ to __/__/__	_____	_____	Yes ___ No ___

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.

x _____ Date Signed _____
Signature of Applicant

(Do not write below – Civil Service Use only)

Reviewed by: _____ Date: _____
Non-Disabled Veteran's Credits Disabled Veteran's Credits
__Approved __Approved
__Disapproved (reason) _____ __Disapproved (reason) _____

FORMS TOCVetsapp

INSTRUCTIONS TO VETERANS

All Veterans: Answer all questions on the "Application for Veteran's Credits". Attach documentary proof of your eligibility, and return to the Town of Colonie Civil Service Department, PO Box 508, Newtonville, NY 12128 **on or before the date of the examination.**

Disabled Veterans: In addition, you must complete the "Veteran's Authorization for Disability Record" and **immediately** forward it to the U.S. Dept of Veterans Affairs Office. You may download this form at www.colonie.org.civilservice or call our office at 783-2721.

According to Civil Service Law, additional credits in examinations may be granted to successful candidates who have claimed and established status as a non-disabled or disabled veteran.

These additional credits are granted on the following basis:

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

These additional credits, which are added to the final passing score on 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.

Eligibility Requirements:

1. You must be a citizen of the United States.
2. You must have been honorably discharged or released under honorable circumstances from such service.
3. You must have served in the United States Armed Forces during any of the following periods:

December 7, 1941 – December 31, 1946
June 27, 1950 – January 31, 1955
February 28, 1961 – May 7, 1975
Persian Gulf: August 2, 1990 to the end of such hostilities (not yet determined)
Lebanon: *June 1, 1983 – December 1, 1987
Grenada: *October 23, 1983 – Nov 21, 1983
Panama: *December 20, 1989-Jan 31, 1980

*Limited ONLY to those who received Armed Forces, Navy, or Marine Corps expeditionary medal.

US Public Health Service:
July 29, 1945 – December 31, 1946
June 27, 1950 – July 3, 1952

ACCEPTABLE DOCUMENTARY PROOF:

Report of Military Separation:

(Requirements for 2 and 3):

Report of Separation and Honorable Discharge and/or Certificate of Service. (acceptable military forms):
NAVPERS-553
NAVMC-78PD
WDAGO-53.55
WDAGO-53.98
DD214

If your name is different from that shown on your Report of Separation and Honorable Discharge and/or Certificate of Service, include a marriage Certificate or other legal document to verify the change.

***Special Note to active duty members of the Armed Forces** – beginning January 1, 1998, the NYS Constitution allows members of the US Armed Forces who are on active duty, the right to request extra War Time Veterans Credits on civil service examinations. You must request this credit on the examination application in the appropriate space.

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

