

Answer Every Question.
Type or write with ink.
Not valid unless notarized
and accompanied by evidence
of discharge.

FULTON MUNICIPAL CIVIL SERVICE COMMISSION
APPLICATION FOR VETERANS' CREDITS

Do Not Write In This Space

- | | | |
|---------------------------------------|------|----|
| | Date | By |
| 1. Veteran credits approved. | | |
| 2. Disabled Veteran credits approved. | | |
| 3. Credits recorded on application. | | |

1. Claim is hereby submitted for () Disabled Veterans () Non-Disabled Veterans credits on the examination for _____

Number _____, to be held _____, 19____

2. Print Full Name _____
First Middle Last

3. Present Address _____
Street City State

4. Are you a citizen of the United States? _____ Yes _____ No.

5. Home address at time of entry into military: **RESIDENCE**
No. Street City State

6. Home address at time of separation:
No. Street City State

7. Home address for one year prior to date of this application:
No. Street City State

8. Legal residence for three years prior to entrance into military service:
Dates Place
From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____

U. S. MILITARY SERVICE *

9. Indicate by (V) in which you served () Army; () Navy; () Marine Corps; () Coast Guard. () Air Force.

10. Date of enlistment or induction _____ Place of enlistment or induction _____

11. Dates of active service: From _____ to _____ Service Serial No. _____

12. Last Rank _____ Attached to _____

13. Were you discharged or (released to inactive duty) under honorable conditions? _____ Yes _____ No
Reason for discharge or release to inactive duty, as stated on certificate _____

14. Date of discharge or end of terminal leave _____ Place of discharge _____

As indicated in your discharge or Certificate of Service