



Civil Service Veteran's Credit Application

City of Kingston Civil Service Commission

City Hall, 420 Broadway

Kingston, New York 12401

(845) 334-3921

Application not valid unless accompanied by Discharge papers

Type or Print answers to all questions:

Examination Title: _____ Exam # _____

Applicant's Name: _____
Last First MI

Mailing Address: _____
Street City State Zip

SS#: _____ Phone#: _____

Dates of Active Military Service: From: _____ To: _____

Service Serial Number(s): _____ Branch of Service: _____

Were you discharged/released to inactive duty under honorable conditions? Yes No

Citizenship: Are you a United States Citizen? Yes No

A New York State Resident? Yes No (Required for credit)

Type of Veteran Credits you would like to claim: Disabled Non-Disabled

List all Public Service Employment: (Attach additional sheets if necessary)

Dates of Employment	Employer Name & Address	Title	Credit Used?
___/___/___ -to- ___/___/___	_____	_____	___ Yes ___ No
___/___/___ -to- ___/___/___	_____	_____	___ Yes ___ No
___/___/___ -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.

Signature: _____ Date: _____