



Anthony J. Picente, Jr.
Oneida County Executive

Oneida County Civil Service

John P. Talerico, Commissioner
Department of Personnel
800 Park Avenue Utica, New York 13501
Phone: 798-5726 Fax: 798-6490
E-mail: personnel@ocgov.net Web Site: www.ocgov.net

RE: Civil Service Exam Credit for Disabled Veterans

Dear _____:

The Oneida County Civil Service Office has received and reviewed your application for Civil Service.

Examination _____
Title *Number*

On your application you state that you are claiming Disabled Veterans' Credit.

According to Civil Service Law, Veterans' Credit is the additional points, which are added to the final passing score of a Civil Service Examination. This credit may only be granted prior to the time of the establishment of the Certified Eligible List. Candidates who claim Disabled Veterans' Credit on their application, but who fail to submit required proof of eligibility for such credit prior to the date of the Certified Eligible List, cannot be granted Veterans' Credit.

Article V, section 6, of the New York State Constitution states that Veterans' Credit may be used only once, either for original appointment or for promotion, either in the Civil Service of New York State or in any of its civil divisions.

To qualify for Veterans' Credit and to add points to a passing score on the above examination, please submit:

- 1) A **legible copy** of your **Certificate of Discharge (DD 214)** showing that you were honorably discharged from the appropriate military service periods as indicated on the back of this letter; **AND**
- 2) Complete Section I of the **Disability Record Authorization** and send it to your Department of Veterans Affairs. The Veterans Benefits Administrator will forward the **Disability Record Authorization** to our office.

Please mail, as soon as possible, a legible copy of your **Certificate of Discharge (DD 214)** to:
Oneida County Department of Personnel
800 Park Avenue
Utica, New York 13501

If you have any questions, please contact the Department of Personnel at 798-5726.

Sincerely,

John P. Talerico
Commissioner

Carefully read Veterans' Credit Policy

DISABILITY RECORD AUTHORIZATION

Name and address of Civil Service Agency

Oneida County Department of Personnel 800 Park Avenue, Utica, NY 13501

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 _____

I hereby authorize you to furnish the above Civil Service Agency 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.

Print Full Name	V.A. Claim Number	Service Number
Address	Number and Title of Examination(s) for which credit is claimed	
Social Security Number		
Veteran's Signature		Date:

2. TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATOR

Please return original to the Civil Service Agency at address indicated at top of form.

Date	Claim Number	Regional V.A. Office
a.	Does the above-named veteran now have a war-incurred disability? If Yes, please enter date disability was sustained. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is this veteran receiving disability payments from the V.A. for such disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	State percentage of such disability now in existence.	%
d.	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.) Date:	
e.	Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though the veteran has not been examined by V.A. Medical Officer within one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Date of next scheduled medical examination by the V.A. Date:	
g.	Remarks	

Signature of Adjudication Officer: _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested in accordance with section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. This information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in the disapproval of your application. The information will be maintained by the Municipal Civil Service Commission or Municipal Personnel Officer administering the examination. For further information relating to the Personal Privacy Protection Law, call (518) 457-9375. If you have a question regarding this information, you should contact the Municipal Civil Service Commission/Personnel Officer administering this examination.