

This form should be used by candidates who have applied for a Westchester County Civil Service examination and are claiming eligibility for the use of additional disabled veteran credits as provided by the NYS Constitution, as amended January 1, 2014. A veteran who previously used *non-disabled* veteran credits for appointment to a position in New York State or local government AND, after his or her appointment, and was subsequently classified by the Veterans Administration as disabled during time of war, is now eligible for an award of additional veteran credits.

#### INSTRUCTIONS:

**Candidate Instructions: Part 1** – Any candidate claiming additional disabled veterans' credits as described above must complete the information requested in **Part 1** on the back of this form.

- If you received an appointment to a State agency, using non-disabled veteran credits, complete Part 1 on the back of this form and return the signed form to the New York State Department of Civil Service by fax at (518) 474-1605, or by mail to the address listed below. You should keep a record of this form for your information.

**New York State Department of Civil Service  
Exams Results Processing Unit, Floor 16  
Agency Building 1  
Albany, NY 12239**

- If you received an appointment to a position in local government, please send this form with Part 1 completed to the civil service agency responsible for overseeing the records and documentation associated with such appointment. NOTE: Civil service agency contact information can be found on the New York State Department of Civil Service Website at <http://www.cs.ny.gov/jobseeker/local.cfm>.

**Civil Service Agency Instructions: Part 2** – The civil service agency having responsibility for maintaining personnel records for the appointment described in Part 1 by the candidate must complete the information requested in **Part 2** on the back of this form.

- Send one copy of the completed form to the individual who requested this information
- Return the original signed form to the Westchester County Department of Human Resources by fax at (914) 995-2009, or mailed to the address listed below. If your agency has a secure email encryption protocol, you may also send the completed and signed form as an email attachment to [exam@westchestergov.com](mailto:exam@westchestergov.com). Emails should include the phrase, "CS Veteran Credit Verification" in the subject line.

**Westchester County Department of Human Resources  
Recruitment and Selection Unit  
148 Martine Avenue, Suite 100  
White Plains, NY 10601**

<p><b>This is a time sensitive document that should be returned to Westchester County Department of Human Resources as quickly as possible. Completed forms must be received by Westchester County Department of Human Resources before an eligible list is established in order to be granted credits on that eligible list.</b></p>
---



Westchester County  
Department of Human Resources  
148 Martine Avenue, Suite 100  
White Plains, NY 10601

### Candidate Appointment Authorization & Verification

\*\*\*\*\*

This information will be used by Westchester County Department of Human Resources to verify eligibility for the use of disabled veteran credits where the candidate was classified as disabled during time of war by the Veterans' Administration subsequent to the use of non-disabled veterans' credits to obtain appointment to a civil service position in State or local government.

#### Part 1: To be completed by the candidate

Candidate Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Title for which non-disabled veteran credits were used to obtain appointment: \_\_\_\_\_

Civil Service Agency where appointment was made: \_\_\_\_\_

Address of Civil Service Agency: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Number of Non-Disabled Veteran Credits Used for appointment (check appropriate box):

☐ 5 points for appointment from an Open Competitive examination

☐ 2.5 points for appointment from a Promotion examination

☐ I don't know

X \_\_\_\_\_

**Veteran / Candidate Signature**

I hereby authorize the above named civil service agency to furnish Westchester County Department of Human Resources with the information requested in Part 2 below pertaining to my appointment as described above. I understand that all information furnished will be used solely for the purpose of determining eligibility for additional disabled veterans' credits as provided in Article V, section 6 of the New York Constitution as amended effective January 1, 2014.

\*\*\*\*\*

#### Part 2: To be completed by the Civil Service Agency where appointment was made and non-disabled credits were used.

The above named candidate was appointed to (title): \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Number of Veteran Credits Used for Appointment (can be either 5.0 or 2.5): \_\_\_\_\_

OR

This Office does not have any record of this candidate's appointment history (check box): ☐

I certify that the information on this form regarding the named individual's appointment history and use of veteran credits within the identified civil service agency is accurate and true.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Civil Service Agency Name**