



# AUSTIN FIRE DEPARTMENT

4201 ED BLUESTEIN BLVD., AUSTIN, TEXAS 78721

## Fire Cadet Applicant Honorable Service Form

REQUESTING:
<input type="checkbox"/> VETERANS POINTS <input type="checkbox"/> COLLEGE CREDIT WAIVER

I wish to be considered for receiving the three (3) Veteran's Preference Points and/or College Credit Waiver (selected above), and understand that I may submit this Honorable Service Form in lieu of my DD Form 214, until such time that I have been provided an official DD Form 214 upon release or discharge from active duty. **I further understand that once I receive my official DD Form 214, I must submit it no later than ten (10) business days after release/discharge from active duty, or no later than 15 JULY 2017, whichever occurs first.** The DD Form 214 provided must be an original or certified true and exact copy of your DD Form 214 indicating character and length of service. Only legible and unaltered DD Form 214 copies of Service 2, Member 4, State Director of Veterans Affairs 6, Service 7, or Service 8 are accepted for this purpose. By signing this form, I understand that should I not submit the DD Form 214 within the specified time, or if my Character of Service be classified as anything other than indicated on this form, I will not receive the bonus points and/or waiver. Please note, some Separation Codes used with the General Under Honorable Conditions may disqualify you from being eligible for the waiver.

Applicant/Service Member Name (printed):	Applicant/Service Member Signature:
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This letter is to certify that the Applicant/Service Member's character of service will be classified as HONORABLE, or GENERAL UNDER HONORABLE CONDITIONS, base on current conditions.

Current Unit Assignment:
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Date Entered Active Duty This Period (YY/MM/DD):

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Projected Separation Date This Period (YY/MM/DD):

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Net Active Service As of May 24, 2017 (YY/MM/DD):

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HONORABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO    (Points/Waiver)	Select only one type of discharge.
GENERAL UNDER HONORABLE CONDITIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO    (Waiver Only)	

Certifying Official must be in grade of O-4 or above.

Certifying Official Name (printed):	Rank:
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Phone:	Email:
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Certifying Official Signature:	Date Signed:
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