

NEW YORK CITY DEPARTMENT OF CORRECTION Lynelle Maginley-Liddie, Commissioner Ayinde Williams, Associate Commissioner Human Resources

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Household Veterans Status Form Executive Order No. 65

- 1. Your Agency Name
- 2. Your Full Name
- 3. Have your or anyone in your household served in the United States Military? If yes, please continue answering the questions below.

Yes

No

4. Are you a Veteran?

Yes

No

5. Is your Spouse/Partner a Veteran?

Yes

No

6. Is your Child living within your household a Veteran?

Yes

No

7. Are there Others living within your household a veteran?

Yes

Please indicate:

No