

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

|   |                  |            |      |   |                                   |          |                            |
|---|------------------|------------|------|---|-----------------------------------|----------|----------------------------|
| <b>#4</b>   | Month/Year<br>To | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                            |
| Employer's/Verifier's Street Address                                  |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |

  

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY</b><br><i>(Block #4)</i> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

  

|   |                  |            |      |   |                                   |          |                            |
|---|------------------|------------|------|---|-----------------------------------|----------|----------------------------|
| <b>#5</b>   | Month/Year<br>To | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                            |
| Employer's/Verifier's Street Address                                  |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |

  

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY</b><br><i>(Block #5)</i> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

  

|   |                  |            |      |   |                                   |          |                            |
|---|------------------|------------|------|---|-----------------------------------|----------|----------------------------|
| <b>#6</b>   | Month/Year<br>To | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                            |
| Employer's/Verifier's Street Address                                  |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>(    ) |

  

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY</b><br><i>(Block #6)</i> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

**11 PEOPLE WHO KNOW YOU WELL**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

|                   |   |   |                      |                |       |          |
|-------------------|---|---|----------------------|----------------|-------|----------|
| Name<br><b>#1</b> | Dates Known<br>Month/Year    Month/Year<br>To | Telephone Number<br>Day<br>Night (    ) | Home or Work Address | City (Country) | State | ZIP Code |
|-------------------|---|---|----------------------|----------------|-------|----------|

  

|                   |   |   |                      |                |       |          |
|-------------------|---|---|----------------------|----------------|-------|----------|
| Name<br><b>#2</b> | Dates Known<br>Month/Year    Month/Year<br>To | Telephone Number<br>Day<br>Night (    ) | Home or Work Address | City (Country) | State | ZIP Code |
|-------------------|---|---|----------------------|----------------|-------|----------|

  

|                   |   |   |                      |                |       |          |
|-------------------|---|---|----------------------|----------------|-------|----------|
| Name<br><b>#3</b> | Dates Known<br>Month/Year    Month/Year<br>To | Telephone Number<br>Day<br>Night (    ) | Home or Work Address | City (Country) | State | ZIP Code |
|-------------------|---|---|----------------------|----------------|-------|----------|

Enter your Social Security Number before going to the next page →