YOUR EMPLOYMENT ACTIVITIES (CONTINUED) Employer/Verifier Name/Military Duty Location Your Position Title/Military Rank Code То Employer's/Verifier's Street Address ZIP Code Telephone Number City (Country) State Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number Month/Year Month/Year Position Title Supervisor **PREVIOUS** To **PERIODS** Month/Year Month/Year Position Title Supervisor OF Τo **ACTIVITY** Month/Year Month/Year Position Title (Block #4) Supervisor Tο Your Position Title/Military Rank Month/Year Code Employer/Verifier Name/Military Duty Location #5 To ZIP Code Employer's/Verifier's Street Address City (Country) State Telephone Number Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number Month/Year Month/Year Position Title Supervisor **PREVIOUS PERIODS** Month/Year Month/Year Position Title Supervisor OF To **ACTIVITY** Month/Year Month/Year Position Title Supervisor (Block #5) То Month/Year Month/Year Code Employer/Verifier Name/Military Duty Location Your Position Title/Military Rank #6 То Employer's/Verifier's Street Address ZIP Code City (Country) Telephone Number State Street Address of Job Location (if different than Employer's Address) ZIP Code Telephone Number City (Country) State Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number Month/Year Month/Year Position Title Supervisor **PREVIOUS** To **PERIODS** Month/Year Month/Year Position Title Supervisor ΩF То **ACTIVITY** Month/Year Month/Year Position Title Supervisor (Block #6) То 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 Dates Known Telephone Number Month/Year Day Night To Home or Work Address State | ZIP Code City (Country) Telephone Number Name Dates Known Month/Year Month/Year Day #2 Night Τo Home or Work Address State | ZIP Code City (Country) Name Telephone Number Dates Known Month/Year Month/Year Dav #3 Night State | ZIP Code Home or Work Address City (Country) Enter your Social Security Number before going to the next page