Standard Form 86A (EG) Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

Form approved: OMB No. 3206-0007 NSN 7540-01-268-4828 86-203

For use with the SF 86, Questionnaire for National Security Positions; SF 85P, Questionnaire for Public Trust Positions; and SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed. Your Name Your Social Security Number WHERE YOU HAVE LIVED (Continued) Month/Year Month/Year Street Address Apt. # City (Country) State ZIP Code #1 То Name of Person Who Knew You Street Address City (Country) State ZIP Code Telephone Number Apt. # ZIP Code Month/Year Month/Year Street Address Apt. # City (Country) State #2 То Name of Person Who Knew You Street Address City (Country) State | ZIP Code Telephone Number Month/Year Month/Year Street Address Apt. # | City (Country) ZIP Code #3 То Name of Person Who Knew You Street Address City (Country) State | ZIP Code Telephone Number Apt. # Month/Year Month/Year Street Address Apt. # City (Country) ZIP Code #4 Τo Name of Person Who Knew You Telephone Number Street Address Apt. # City (Country) State | ZIP Code Month/Year Month/Year Street Address Apt. # | City (Country) State ZIP Code #5 To Telephone Number Name of Person Who Knew You Street Address State ZIP Code Ant. # City (Country) WHERE YOU WENT TO SCHOOL (Continued) Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded #1 То Street Address and City (Country) of School State ZIP Code Name of Person Who Knew You State | ZIP Code Street Address Telephone Number Apt. # City (Country) Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded #2 То Street Address and City (Country) of School State ZIP Code Name of Person Who Knew You Street Address City (Country) State | ZIP Code Telephone Number Apt. #) Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded #3 То Street Address and City (Country) of School State ZIP Code Name of Person Who Knew You Street Address Apt. # City (Country) State | ZIP Code Telephone Number

YOUR EMPLOYMENT ACTIVITIES (Continued)									
Month/Y	ear Month/Year To	Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank			
Employer's/	Verifier's Street Address	s	City (Country)			State	ZIP Code	Telephone Number	
Street Address of Job Location (If different than Employer's Address				City (Country)		State	ZIP Code	Telephone Number	
Supervisor's	s Name & Street Addres	s (If diffe	rent than Job Location) City (Country)			State	ZIP Code	Telephone Number	
PREVIOUS	Month/Year Month/Year To		Position Title S		Superviso	pervisor			
PERIODS OF ACTIVITY	Month/Year Month/Year To		Position Title		Supervisor				
ACTIVITY	Month/Year Mon To	th/Year	Position Title S		Superviso				
Month/Y	ear Month/Year To	Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank			
Employer's/	Verifier's Street Address	s	City (Country)		\$	State	ZIP Code	Telephone Number	
Street Addr	ess of Job Location (If o	different	nan Employer's Address) City (Country)		\$	State	ZIP Code	Telephone Number	
Supervisor's	s Name & Street Addres	s (If diffe	erent than Job Location)	City (Country)		State	ZIP Code	Telephone Number	
PREVIOUS	Month/Year Month/Year To		Position Title Sur		Superviso	isor			
PERIODS OF	Month/Year Month/Year To		Position Title Sup		Superviso	visor			
ACTIVITY Month/Year Month/Year To			Position Title Supervi		Superviso	sor			
Month/Year Month/Year Code			Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank			
Employer's/	Verifier's Street Addres	S	City (Country)		5	State	ZIP Code	Telephone Number	
Street Addr	ess of Job Location (If o	different	than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number	
Supervisor's	s Name & Street Addres	s (If diffe	erent than Job Location)	City (Country)		State	ZIP Code	Telephone Number	
PREVIOUS	Month/Year Mon	th/Year	Position Title		Supervisor				
PERIODS OF	Month/Year Month/Year To		Position Title		Supervisor				
ACTIVITY	Month/Year Mon	th/Year	Position Title Su		Superviso	pervisor			
Month/Year Month/Year Code To			Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank			
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	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	
PREVIOUS	Month/Year Month/Year To		Position Title		Supervisor				
PREVIOUS PERIODS OF ACTIVITY	Month/Year Mon	th/Year	Position Title		Supervisor				
	Month/Year Month/Year To		Position Title		Supervisor				
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Enter your Social Security Number before going to the next page

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