

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

**For use with the SF 85, Questionnaire for Non-Sensitive Positions;  
SF 85P, Questionnaire for Public Trust Positions;  
and SF 86, Questionnaire for National Security 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											
<b>11 WHERE YOU HAVE LIVED (Continued)</b>																					
<b>#5</b>		Month/Year		To	Month/Year		Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address						Apt.#			
								<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)										
APO/FPO address																					
City (Country)																State		ZIP Code			
Name of person who knows you at this address										Current address										Apt.#	
APO/FPO address (if currently applicable)																					
City (Country)																State		ZIP Code			
Telephone number				Alternate contact number				Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)						
										<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate								
<b>#6</b>		Month/Year		To	Month/Year		Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address						Apt.#			
								<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)										
APO/FPO address																					
City (Country)																State		ZIP Code			
Name of person who knows you at this address										Current address										Apt.#	
APO/FPO address (if currently applicable)																					
City (Country)																State		ZIP Code			
Telephone number				Alternate contact number				Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)						
										<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate								
<b>#7</b>		Month/Year		To	Month/Year		Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address						Apt.#			
								<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)										
APO/FPO address																					
City (Country)																State		ZIP Code			
Name of person who knows you at this address										Current address										Apt.#	
APO/FPO address (if currently applicable)																					
City (Country)																State		ZIP Code			
Telephone number				Alternate contact number				Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)						
										<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate								

Enter your Social Security Number before going to the next page 

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

12 WHERE YOU WENT TO SCHOOL (Continued)										
#6		Month/Year	To	Month/Year	Code	Name of school		Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you				Current address				Apt. #		
City (Country)					State	ZIP Code	Telephone number			
#7		Month/Year	To	Month/Year	Code	Name of school		Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you				Current address				Apt. #		
City (Country)					State	ZIP Code	Telephone number			
#8		Month/Year	To	Month/Year	Code	Name of school		Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you				Current address				Apt. #		
City (Country)					State	ZIP Code	Telephone number			
#9		Month/Year	To	Month/Year	Code	Name of school		Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you				Current address				Apt. #		
City (Country)					State	ZIP Code	Telephone number			
#10		Month/Year	To	Month/Year	Code	Name of school		Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you				Current address				Apt. #		
City (Country)					State	ZIP Code	Telephone number			

Enter your Social Security Number before going to the next page

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

EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)									
<b>#5 Dates of Employment</b>				<b>Type of Employment</b>					
Month/Year	To	Month/Year	Employment code	Position title/Military rank			Work hours	Full-time	
								Part-time	
<b>Employer/Verifier</b>									
Name of employer/verifier							Telephone number		
Address of employer/verifier									
City (Country)							State	ZIP Code	
<b>Physical Location</b>									
Your actual work address (if different from employer address)							Telephone number		
City (Country)							State	ZIP Code	
<b>Supervisor (if different from employer)</b>									
Name and title							Telephone number		
Work address of supervisor									
City (Country)							State	ZIP Code	
<b>Additional Periods of Activity with this Employer</b>									
Month/Year	To	Month/Year	Position title	Supervisor					
Month/Year	To	Month/Year	Position title	Supervisor					
Month/Year	To	Month/Year	Position title	Supervisor					
Explanation/Reason for leaving									
<b>#6 Dates of Employment</b>				<b>Type of Employment</b>					
Month/Year	To	Month/Year	Employment code	Position title/Military rank			Work hours	Full-time	
								Part-time	
<b>Employer/Verifier</b>									
Name of employer/verifier							Telephone number		
Address of employer/verifier									
City (Country)							State	ZIP Code	
<b>Physical Location</b>									
Your actual work address (if different from employer address)							Telephone number		
City (Country)							State	ZIP Code	
<b>Supervisor (if different from employer)</b>									
Name and title							Telephone number		
Work address of supervisor									
City (Country)							State	ZIP Code	

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

<b>EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)</b>									
<b>Additional Periods of Activity with this Employer</b>									
Month/Year	To	Month/Year	Position title				Supervisor		
Month/Year	To	Month/Year	Position title				Supervisor		
Month/Year	To	Month/Year	Position title				Supervisor		
Explanation/Reason for leaving									
<b>#7 Dates of Employment</b>		<b>Type of Employment</b>							
Month/Year	To	Month/Year	Employment code	Position title/Military rank			Work hours	Full-time	
								Part-time	
<b>Employer/Verifier</b>									
Name of employer/verifier							Telephone number		
Address of employer/verifier									
City (Country)							State	ZIP Code	
<b>Physical Location</b>									
Your actual work address (if different from employer address)							Telephone number		
City (Country)							State	ZIP Code	
<b>Supervisor (if different from employer)</b>									
Name and title							Telephone number		
Work address of supervisor									
City (Country)							State	ZIP Code	
<b>Supervisor (if different from employer)</b>									
Name and title							Telephone number		
Work address of supervisor									
City (Country)							State	ZIP Code	
<b>Additional Periods of Activity with this Employer</b>									
Month/Year	To	Month/Year	Position title				Supervisor		
Month/Year	To	Month/Year	Position title				Supervisor		

**PUBLIC BURDEN INFORMATION**

Public burden reporting for this collection of information averages 20 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. Do not send your completed form to this address, send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).**

**Certification**

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
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