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

Form approved: OMB No. 3206 0005 NSN 7540-01-268-4828

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				
			-					
11 WHERE YOU HAVE LIVED (Continued)								
#5 Month/Year To Month/Year Status	Own	Mil	litary housing	Stree	address			Apt.#
	Rent		her <i>(Explain)</i>					
APO/FPO address								
City (Country)							State	ZIP Code
ony (country)								
Name of person who knows you at this address	Current a	addres	S				•	Apt.#
APO/FPO address (if currently applicable)								
City (Country)							State	ZIP Code
Telephone number Alternate contact	number		Relationship	_	Neighbor	Landlord	Other (E)	(plain)
#6 Month/Year To Month/Year Status	Own	LMI	litary housing	Street	Friend address	Business associate		Apt.#
	Rent		her (Explain)					
APO/FPO address	1							
City (Country)							State	ZIP Code
ony (country)								
Name of person who knows you at this address				Apt.#				
APO/FPO address (if currently applicable)								
City (Country)							State	ZIP Code
Telephone number Alternate contact	number		Relationship		Neighbor	Landlord	Other (E)	ι κplain)
					Friend	Business associate		
#7 Month/Year To Month/Year Status	Own Rent		litary housing ther (Explain)	Stree 	t address			Apt.#
APO/FPO address	Kent	TOI	illei (Expiairi)					
City (Country)							State	ZIP Code
Name of person who knows you at this address	Current	addres	S					Apt.#
APO/FPO address (if currently applicable)								
City (Country)							State	ZIP Code
Telephone number Alternate contact	number		Relationship		Neighbor	Landlord	Other (E	xplain)
					Friend	Business associate		

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

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

Form approved: OMB No. 3206 0005 NSN 7540-01-268-4828 86-111

12 WHERE YOU WENT TO SCHOOL (Cor	ntinued)						
#6 Month/Year To Month/Year Code Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.				
l ı				I degree/diploma received and	u uale awa	iraea.	YES
Otro-to-data-a-a-a-d-Otto-(O-o-otto-) af-a-b-a-b-a-b-a-b-a-b-a-b-a-b-a-b-a-b-a					Ctata	7ID Code	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 " of degree/diploma received and	Yes," ident d date awa	ify type irded.	YES 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 "of degree/diploma received and	Yes," identi d date awa	ify type rded.	YES NO
Street address and City (Country) of school				,	State	ZIP Code	
Name of person who knows you	Current address				1	Apt. #	
City (Country)		State	ZIP Code	Telephone number			
#9 Month/Year To Month/Year Code	Name of school	<u> </u>		Degree/diploma received? If "\ of degree/diploma received and	Yes," identi d date awa	ify type rded.	YES 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			
#10Month/Year To Month/Year Code	Name of school			Degree/diploma received? If " of degree/diploma received and			YES 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			
			1	I			

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

Form approved: OMB No. 3206 0005 NSN 7540-01-268-4828 86-111

EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)					
#5 Dates of Employment Type of Employment					
Month/Year To Month/Year Employment code Position title/Military rank		Work hou	ırs Full-time		_
Solidit didonvillidary fank	I	Part-time			
Employer/Verifier			i ait-tillic	<u> </u>	-
Name of employer/verifier		Telephone number			_
Traine of employer/vermer		relepitor	ic ridiliber		
Address of employer/verifier					_
, tadiood of omployof volidor					
City (Country)		State	ZIP Code		_
		Olalo			
Physical Location					-
Your actual work address (if different from employer address)		Telephon	ne number		_
		· .			
City (Country)		State ZIP Code			_
		- 12-12			
Supervisor (if different from employer)					-
Name and title		Telephone number			_
Work address of supervisor					_
Work address of supervisor					
City (Country)		State	ZIP Code		_
City (Country)	I	State	Zir Code		
Additional Daviada of Activity, with this Fundamen					_
Additional Periods of Activity with this Employer 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	l .				_
#6 Dates of Employment Type of Employment					_
Month/Year To Month/Year Employment code Position title/Military rank		Work hou	rs Full-time		-
			Part-time		
Employer/Verifier					_
Name of employer/verifier			Telephone number		
Address of employer/verifier					_
City (Country)		State	ZIP Code		_
Physical Location	l e				_
Your actual work address (if different from employer address)		Telephon	e number		
City (Country)		State	ZIP Code		
Supervisor (if different from employer)					_
Name and title		Telephor	ne number		_
Work address of supervisor					_
City (Country)		State	ZIP Code		-
- 9 (, .			
					_
Enter your Social Security Number before going to the next page					
,		1			

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

Form approved: OMB No. 3206 0005 NSN 7540-01-268-4828

EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)						
Additional Periods of Activity with this Employer						
Month/Year To Month/Year Po	sition title	Supervisor				
Month/Year To Month/Year Po	sition title	Supervisor				
Month/Year To Month/Year Po	sition title	Supervisor				
Explanation/Reason for leaving						
#7 Dates of Employment	Type of Employment					
Month/Year To Month/Year	Employment code Position title/Military rank	W	ork hours Full-time Part-time			
Employer/Verifier		•				
Name of employer/verifier		Te	Telephone number			
Address of employer/verifier		1				
City (Country)		Sta	ate ZIP Code			
Physical Location						
Your actual work address (if differen	t from employer address)	Te	Telephone number			
	, ,		·			
City (Country)		Sta	ate ZIP Code			
Supervisor (if different from empl	oyer)	L	<u>'</u>			
Name and title		T	elephone number			
Work address of supervisor		'				
City (Country)		St 	tate ZIP Code			
Supervisor (if different from employed)	over)					
Name and title	•	T-	elephone number			
Work address of supervisor						
City (Country)		Sta	ate ZIP Code			
Additional Periods of Activity with this Employer						
Month/Year To Month/Year Po	sition 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.

	1
Signature	Date (mm/dd/yyyy)