Standard Form 86 Revised November 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

3A.3 Complete the following	g if employment type	e is self-emplo	yment						
Provide dates of employmen	ıt.		Select the er		tatus for	Provide i	most recent position title.		
From Date	To Date		this position:						
(Month/Year)	(Month/Year)	Present	Full-time	•		Provide 1	the name of your employ	ment.	
Est.		Est.	Part-time	е					
Provide address of this empl	oyment. <i>(Provide City</i>	and Country if o	outside the Unite	d States; other	wise, provi	ide City, State	and Zip Code.)		
Street		City		State	_	Zip Code	Country		
					▼				
Provide telephone number. Extension		International or DSN phone number							
		Day	Night						
a) Is your physical work add	dress different than	your employm	nent address?						
YES NO (If NO,	proceed to (b))								
Provide the work addres	s where you are/we	re physically le	ocated (Provide	e City and Cou	ntry if outs	ide the United	States; otherwise, provide Cit	v State and Zin Code	
Street	City		State Zip Code		Country	y, c.a.c aa <u>-</u> .p ccac			
					lacksquare				
Provide the telephone nu	ımber for this addre	SS.							
Telephone number	Extension	Intern	ational or DSN	N phone num	ber				
		Day	Night						
b) If you have indicated an	APO/FPO address,	complete (b.1	I). If you have	indicated an	address	outside of th	ne United States, complet	e (b.2).	
							r home port/fleet headqua	arter. <i>(Provide City a</i>	
Street Address/Uni	United States; otherwi		, State and Zip C Post Name	-	n the Unit State	ed States.) Zip Code	e Country		
0.0007 (0.000) 0111									
(b.2) Do you or did you h	nave an APO/FPO a	ddress while :	at this location	<u> </u>					
YES -	Address	iddi coo willio i		APO or FP	0		APO/FPO State Code	Zip Code	
□ NO								-	
Provide the name of someor	ne that can verify yo	ur self-employ	ment.	l				<u> </u>	
_ast name		name							
Provide the address of this v	erifier. (Provide City a	nd Country if ou	tside the United S	States; otherwi	se, provide	e City, State an	nd Zip Code.)		
Street		City		Sta	te	Zip Code	Country		
Provide the telephone numb	•			•					
Telephone number	Extension		onal or DSN pl	none numbe	•				
		Day	Night						
f you have indicated an APC	D/FPO address, con	nplete (a). If yo	ou have indica	ted an addre	ss outsid	de of the Uni	ted States, complete (b).		
(a) Provide physical location						ation or hom	ne port/fleet headquarter.	(Provide City and Co	
if outside the United States; Street Address/Unit/Duty		y, State and Zip City or Po		n tne United S Sta		Zip Code	Country		
	,				 				
(b) Does your self-employm	ent verifier have an	APO/FPO ad	dress?						
YES - Addre		, o, o aa		APO or FF	O		APO/FPO State Code	Zip Code	
NO								~	
				-1					
er vour Social Security I	lumbar bafara a	aina ta tha	novt nogo						