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

WHERE YOU HAVE LIVED (Continued)													
Residence Information								Point of Contact for that Period of Residence					
Month/Year	To	Month/Year	Statu				Name o	ame of person who knows you (last, first)			Relationship		
#					Ailitary Ho Other	busing				Neighbor	Business Associate		
Street address				Apt.			Current	t address		A	pt. #	Telephone number	
APO/FPO address							APO/FPO address (if currently applicable)						
City (Country)					State	Zip Code	City (Co	ountry)		State	Zip Code	Alternate contact number	
Month/Year	То	Month/Year	Statu	S			Name o	of person who know	s you <i>(last, i</i>	first)	Relationship	Landlord	
#	Own Military Housing								Neighbor	Business Associate			
Street address		Rent Other Other C				Current address Apt. #			Friend	Other Telephone number			
APO/FPO addres	19						APO/FPO address (if currently applicable)						
	.0												
City (Country)					State	Zip Code	City (Co	ountry)		State	Zip Code	Alternate contact number	
Only (Obunity)					Oldie		Oity (O	ountry)		Oluie		Allemate contact number	
Month/Year	To	Month/Voor	Statu	6			Namo	of porcon who know	ic you (lact i	firct)	Relationship	Landlord	
#	To Month/Year Status N					iname (Neighbor	Business Associate		
	Rent Other								Friend	Other			
Street address				Apt.	#		Current address Apt. # Telephone num					Telephone number	
												()	
APO/FPO address						APO/FPO address (if currently applicable)							
City (Country)					State	Zip Code	City (Co	ountry)		State	Zip Code	Alternate contact number	
												()	
							*						
		NT TO SCHOO	<u> </u>						D (D)				
#	Month/Year To Month/Year Code Name of school					Degree/Diploma received? VES NO (If "Yes," explain, include mm/yyyy awarded.)							
												,	
Street address a	nd City	(Country) of school	l								State	ZIP Code	
Name of person	who kn	ew you (last, first)		Current add	ress		Apt. #	City (Country)		State	ZIP Code	Telephone number	
					<u> </u>								
Month/Year #	То	Month/Year	Code	Name o	of school			Degree/Diploma received? YES NO (If "Yes," explain, include mm/yyyy awarded.)					
									(,	
Street address a	nd City	(Country) of school	ol								State	ZIP Code	
Name of person	who kn	ew you (last, first)		Current add	ress		Apt. #	City (Country)		State	ZIP Code	Telephone number	
												()	
Were you suspended or expelled from any of the institutions above? YES NO If "Yes," explain. Do not include academic probations.													
Enter your Social Security Number before going to the next page ————————————————————————————————————													
Enter your S	ocial	i Security Nui	mber	petore g	oing to	the next p	bage –			—>			

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

EMPLOYMENT ACTIVITIES (Continued)											
# Dates of Employment	Type of Employment										
Month/Year To Month/Year	Federal Military/F	ederal 🗌 Unemployment	Position title/Military rank	Position title/Military rank							
	Military Contracto										
	State Gov	vernment Other	Work hours Full-time Part-time								
Employer/Verifier			Supervisor								
Name of employer/verifier		Telephone number ()	Name and title (last, first)	Telephone number							
Address of employer/verifier			Address of supervisor								
City (Country), State, and Zip Coo	le		City (Country), State, and Zip Code								
Physical Location											
Your physical location (if different fro	om employer address)	Telephone number	City (Country), State, and Zip Code								
Additional Periods of Activity with this Employer											
Month/Year To Month/Year	Position Title	Supervisor	Explanation/Reason for leaving								
			-								
			Reason for leaving code (if applicable)								
# Dates of Employment	Type of Employment										
Month/Year To Month/Year	Federal Military/F	ederal Unemployment	Position title/Military rank								
	Military Contracto	r Self-employment	-								
F amples sex () (exifier			Work hours Full-time Part-time								
Employer/Verifier Name of employer/verifier		Telephone number	Supervisor Name and title (last, first) Telephone number								
Name of employer/vermer											
Address of employer/verifier			Address of supervisor								
City (Country), State, and Zip Coo	le		City (Country), State, and Zip Code								
Physical Location											
Your physical location (if different fro	om employer address)	Telephone number	City (Country), State, and Zip Code								
Additional Periods of Activity	with this Employer)									
Month/Year To Month/Year	Position Title	Supervisor	Explanation/Reason for leaving								
			-								
			Reason for leaving code (if applicable)								
			Reason for leaving code (ir applicable)								
# Dates of Employment	Type of Employment		Position title/Military rank								
Month/Year To Month/Year	Federal Military/Fe		Position title/Military rank								
			Work hours Full-time Part-time								
Employer/Verifier			Supervisor								
Name of employer/verifier	T	elephone number	Name and title (last, first)	Telephone number							
Address of employer/verifier)	Address of supervisor								
City (Country), State, and Zip Coo	le		City (Country), State, and Zip Code								
	-										
Physical Location Your physical location (if different fro	om omplovor addroso)	Telephone number	City (Country), State, and Zip Code								
four physical location (<i>in universit in</i>	om employer address)		City (Country), State, and Zip Code								
Additional Periods of Activity with this Employer											
Month/Year To Month/Year	Position Title	Supervisor	Explanation								
			Reason for leaving code (if applicable)								
		PUBLIC BURDEN I	NFURMATION								

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.

⋺

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