

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

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

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

Form approved:
O.M.B. No. 3206-0007
NSN 7540-01-268-4828
86-203

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
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WHERE YOU HAVE LIVED (Continued)

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()

WHERE YOU WENT TO SCHOOL (Continued)

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
#1	To					
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 ()
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
#2	To					
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 ()
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
#3	To					
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/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
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 PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Enter your Social Security Number before going to the next page 