



**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 (    )

  

<b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</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
	Month/Year To	Month/Year	Position Title	Supervisor

  

<b>#5</b>	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 (    )

  

<b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</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
	Month/Year To	Month/Year	Position Title	Supervisor

  

<b>#6</b>	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 (    )

  

<b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</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
	Month/Year To	Month/Year	Position Title	Supervisor

**11 PEOPLE WHO KNOW YOU WELL**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name <b>#1</b>	Dates Known Month/Year    Month/Year To	Telephone Number Day Night (    )	Home or Work Address	City (Country)	State	ZIP Code
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Name <b>#2</b>	Dates Known Month/Year    Month/Year To	Telephone Number Day Night (    )	Home or Work Address	City (Country)	State	ZIP Code
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Name <b>#3</b>	Dates Known Month/Year    Month/Year To	Telephone Number Day Night (    )	Home or Work Address	City (Country)	State	ZIP Code
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Enter your Social Security Number before going to the next page