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

Your Name

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

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

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

Your Social Security Number

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.

WHERE YOU HAVE LIVE) (Continued)									
	Address	,		Apt. #	City	(Country)				State	ZIP Code
Name of Person Who Knew You	Street	Address	Apt. #	City (Co	untry)		State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Street #2 To	Address			Apt. #	City	(Country)				State	ZIP Code
Name of Person Who Knew You	Street	Address	Apt. #	City (Co	ountry)		State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Street #3 To	Address			Apt. #	City	(Country)				State	ZIP Code
Name of Person Who Knew You	Street	Address	Apt. #	City (Co	untry)		State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Street #4 To	Address			Apt. #	City	(Country)				State	ZIP Code
Name of Person Who Knew You	Street	Address	Apt. #	City (Co	untry)		State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Street #5 To	Address			Apt. #	City	(Country)				State	ZIP Code
Name of Person Who Knew You	Street	Address	Apt. #	City (Co	untry)		State	ZIP	Code	Telephor	ne Number
WHERE YOU WENT TO SCH	OOL (Contin	ued)		•						•	
Month/Year Month/Year Code #1 To	Name of Scho	lame of School Degree/Diploma/Other					Month/Y	ear Awarded			
Street Address and City (Country) of Sch	ool								State	Z	IP Code
Name of Person Who Knew You		Street Address	Apt.	# C	ity (Count	ry)	State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Code #2 To	Name of Scho	Name of School				Degree/Diploma/Other				Month/Year Awarded	
Street Address and City (Country) of Sch	ool								State	Z	IP Code
Name of Person Who Knew You		Street Address	Apt.	# C	ity (Count	ry)	State	ZIP	Code	Telephor	ne Number
Month/Year Month/Year Code #3 To	e Name of School Degree/Diploma/Other						Month/Year Awarded				
Street Address and City (Country) of Sch	ool								State	Z	IP Code
Name of Person Who Knew You	Street Address	Apt. # City (Cor		ity (Count	Country) St		ZIP Code		Telephor	ne Number	

YOUR EMPLOYMEN			,									
Month/Year Month/Ye To	ar Cod	de Employ	oloyer/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)				1	City (Country)		State	ZIP Code	Telephone Number			
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number			
Month/Year Mont	Month/Year Month/Year Position Title				Supervisor							
Month/Year Mont	n/Year	Position T	itle		Supervisor							
Month/Year Mont Month/Year Mont To Month/Year Mont To To To To To	n/Year	Position T	ion Title Super				or					
		.										
Month/Year Month/Ye To	Month/Year Month/Year Code Employer/Verifier Name/Military Duty Location To						Your Position Title/Military Rank					
Employer's/Verifier's Street A	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	Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number				
Month/Year Mont	Month/Year Month/Year Position Title											
Month/Year Mont	Month/Year Month/Year Position Title											
Month/Year Month/Year Position Title					r							
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Month/Year Month/Ye To	ar Cod	de Employ	Employer/Verifier Name/Military Duty Location Your Position Title/Military Rank						ıry 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				
Month/Year Mont To Month/Year Mont					Supervisor	risor						
S P	n/Year	Position T	sition Title			Supervisor						
Month/Year Mont	n/Year	Position T	sition Title				Supervisor					
Month/Year Month/Ye	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				
Month/Year Month/Year Position Title					Supervisor							
Month/Year Mont												
Month/Year Mont	ı/Year	Position T	ion Title			Supervisor						
Month/Year Mont	Month/Year Month/Year Position Title To					Supervisor						
Enter your Social Secu	rity Nu	ımber be	fore going to the i	next na	ige	I		→				