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Standard Form 171-A— Continuation Sheet for SF 171

• Attach all SF 171-A's to your application at the top of page 3.

Form Approved: OMB No. 3206-0012

Title or Announcement Numbe						
	er You Are Applying For				4.	Date Completed
ITIONAL WORK EXPERIE		Code if known)	Dates employed (give	o month, day and year	Average number	of Number of emp
Name and address of employe	s organization(include ZIP Code, if known)		Dates employed (giv	e month, day and year	Average number of hours per week	you supervise
			From: To:			
			Salary or earnings	nov	Your reason for w	anting to leave
			Starting \$ Ending \$	per		
our immediate supervisor		Exact title of your job	Lifeting \$\psi\$	If Federal en		or military) list series,
lame	Telephone No.			or rank, and promotion	, if promoted in this	job, the date of your
				·		
Description of work: Describe y nore than one type of work (for						
					For Agency	
lame and address of employer	r's organization (include ZIP (Code, if known)	Dates employed (giv	re month, day and year		
Jame and address of employer	r's organization (include ZIP (Code, if known)	From:	re month, day and year	Average number of hours per week	of Number of emp
Name and address of employer	r's organization <i>(include ZIP (</i>	Code, if known)	From: Salary or earnings	То:) Average number of	of Number of emp
Name and address of employer	r's organization <i>(include ZIP (</i>	Code, if known)	From: Salary or earnings Starting \$	To:	Average number of hours per week	of Number of emp
	r's organization <i>(include ZIP (</i>	Code, if known) Exact title of your job	From: Salary or earnings	To: per per If Federal er	Average number of hours per week Your reason for le	you supervise eaving
Name and address of employer our immediate supervisor lame	r's organization (include ZIP (From: Salary or earnings Starting \$	To: per per If Federal er	Average number of hours per week Your reason for le	of Number of emp you supervise eaving

PREVIOUS EDITION USABLE UNTIL 12-31-90

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U.S. Office of Personnel Management FPM Chapter 295 171-206

Save Data

Print

Email Form

Next Page

Previous Page

Standard Form 171-A— Continuation Sheet for SF 171 (Back) • Attach all SF 171-A's to your application at the top of page 3.

Form Approved: OMB No. 3206-0012

Name (Last, First, Middle Initial)						2. Socia	l Security Number
Job Title or Announcement Number You A	re Applying For					4. Date	Completed
DDITIONAL WORK EXPERIENCE B	LOCKS						
Name and address of employer's organ		ode, if known)	Dates employed (give month,	dav and vear)	Average numb	er of N	Number of employees
,					hours per wee	k y	ou supervise
			From: To:				
			Salary or earnings		Your reason for wanting to leave		
			Starting \$ pe	er			
			Ending \$ pe				
Your immediate supervisor Name	Telephone No.	Exact title of your job		If Federal em	ployment <i>(civili</i>	an or milit	<i>tary)</i> list series, grade ie date of your last
Name	relephone No.			promotion	ii pioinotea iii t	1115 JOD, 111	le date of your last
Description of work: Describe your sper more than one type of work (for example	cific duties, responsibili	ties and accomplishme	ents in this job, including the jo	ob title(s) of an	y employees yo	ou superv	ise. If you describe
					For Ager	ncy Use	(skill codes, etc.

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Save Data

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