Standard Form 86A
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

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

Form approved:
OMB No. 3206 0005
NSN 7540-01-268-4828
86-111

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

11 WHERE YOU HAVE LIVED *(Continued)*

#5 Month/Year To Month/Year Status ☐ Own ☐ Rent ☐ Military housing ☐ Other *(Explain)* Street address Apt.#

APO/FPO address

City (Country) State ZIP Code

Name of person who knows you at this address Current address Apt.#

APO/FPO address *(if currently applicable)*

City (Country) State ZIP Code

Telephone number Alternate contact number Relationship ☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other *(Explain)*

#6 Month/Year To Month/Year Status ☐ Own ☐ Rent ☐ Military housing ☐ Other *(Explain)* Street address Apt.#

APO/FPO address

City (Country) State ZIP Code

Name of person who knows you at this address Current address Apt.#

APO/FPO address *(if currently applicable)*

City (Country) State ZIP Code

Telephone number Alternate contact number Relationship ☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other *(Explain)*

#7 Month/Year To Month/Year Status ☐ Own ☐ Rent ☐ Military housing ☐ Other *(Explain)* Street address Apt.#

APO/FPO address

City (Country) State ZIP Code

Name of person who knows you at this address Current address Apt.#

APO/FPO address *(if currently applicable)*

City (Country) State ZIP Code

Telephone number Alternate contact number Relationship ☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other *(Explain)*

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

Standard Form 86A
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

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

Form approved:
OMB No. 3206 0005
NSN 7540-01-268-4828
86-111

12 WHERE YOU WENT TO SCHOOL *(Continued)*

#6 Month/Year | To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#7 Month/Year | To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#8 Month/Year | To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#9 Month/Year | To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#10 Month/Year | To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

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

Standard Form 86A
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

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

Form approved:
OMB No. 3206 0005
NSN 7540-01-268-4828
86-111

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION *(Continued)*

#5 Dates of Employment | **Type of Employment**

Month/Year To Month/Year | Employment code | Position title/Military rank | Work hours Full-Time / Part-Time

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

Additional Periods of Activity with this Employer

Month/Year To Month/Year | Position title | Supervisor

Month/Year To Month/Year | Position title | Supervisor

Month/Year To Month/Year | Position title | Supervisor

Explanation/Reason for leaving

#6 Dates of Employment | **Type of Employment**

Month/Year To Month/Year | Employment code | Position title/Military rank | Work hours Full-Time / Part-Time

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

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

Standard Form 86A
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

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

Form approved:
OMB No. 3206 0005
NSN 7540-01-268-4828
86-111

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION *(Continued)*

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor

Explanation/Reason for leaving

#7 Dates of Employment			**Type of Employment**			
Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-Time / Part-Time

Employer/Verifier

Name of employer/verifier — Telephone number

Address of employer/verifier

City (Country) — State — ZIP Code

Physical Location

Your actual work address (if different from employer address) — Telephone number

City (Country) — State — ZIP Code

Supervisor *(if different from employer)*

Name and title — Telephone number

Work address of supervisor

City (Country) — State — ZIP Code

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor

Explanation/Reason for leaving

PUBLIC BURDEN INFORMATION

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.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature	**Date *(mm/dd/yyyy)***

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