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 Military housing Street address	Apt.#					
Rent Other (Explain)						
APO/FPO address						
City (Country)	, State , ZIP Code					
ony (country)	State Zii Sode					
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	Landlord Other (Explain)					
Friend	Business associate					
#6 Month/Year To Month/Year Status Own Military housing Street address	Apt.#					
APO/FPO address						
City (Country)	State ZIP Code					
Name of person who knows you at this address	Apt.#					
APO/FPO address (if currently applicable)						
City (Country)	State ZIP Code					
Telephone number Alternate contact number Relationship Neighbor	r Landlord Other (Explain)					
Friend	Business associate					
#7 Month/Year To Month/Year Status Own Military housing Street address	Apt.#					
APO/FPO address Rent Other (Explain)						
711 OTT C dudices						
City (Country)	State ZIP Code					
Name of person who knows you at this address						
APO/FPO address (if currently applicable)						
City (Country)	State ZIP Code					
Telephone number Alternate contact number Relationship Neighbor	Landlord Other (Explain)					
Friend	Business associate					
Enter your Social Security Number before going to the next page						

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12 WHERE YOU	J WENT TO SCHO	OI (Con	tinued)						
	To Month/Year	•	Name of school			Degree/diploma received? If "Y	es." identi	fv type	
						of degree/diploma received and			YES
Street address a	and City (Country) o	of school				I.	State	ZIP Co	
Name of person	who knows you		Current address				<u> </u>	Apt.	#
Oit (O - control)				Stata	ZID Code	Talanhana numbar			
City (Country)				State	ZIP Code	Telephone number			
#7 Month/Year	To Month/Year	Code	Name of school			Degree/diploma received? If "Ye of degree/diploma received and			YES
									NO
Street address a	nd City (Country)	of school	-				State	ZIP Co	ode
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	L		Degree/diploma received? If "Ye	es," identif	y type	
	1 1		1			of degree/diploma received and	date awar	ded.	YES
Ctroot addrsss a	and City (Country)	of achael					State	ZIP Co	NO
Street address a	and City (Country) o	oi scriooi							ode
Name of person	who knows you		Current address				l	Apt.	#
City (Country)				State	. ZIP Code	Talanhana numbar			
City (Country)				State	ZIF Code	Telephone number			
#9 Month/Year	To Month/Year	Code	Name of school	•		Degree/diploma received? If "Ye	s," identif	y type	YES
						of degree/diploma received and	Jale awan	ueu.	NO NO
Street address a	nd City (Country)	of school	-		•		State	ZIP Co	ode
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	l		Degree/diploma received? If "Ye	es," identif	y type	
						of degree/diploma received and	date awar	ded.	YES NO
Street address a	nd City (Country)	of school					State I	ZIP Co	ode
Name of person	who knows you		Current address					Ap	t. #
City (Country)				State	ZIP Code	Telephone number			
					1				

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13 EMPLOYMI	ENT/UNEMPLOY	MENT INFORMATION (C	Continued)			
#5 Dates of Er	nployment	Type of Employment	<u> </u>			
Month/Year	To Month/Yea	r Employment code	Position title/Military rank		, Work ho	urs Full-Time
						Part-Time
Employer/Verif	ier					
Name of emplo					Telenho	ne number
	,					ne number
A -l-l	. I					
Address of emp	oloyer/verifier					
City (Country)					State	ZIP Code
Physical Locat						
Your actual wor	k address (if differ	ent from employer addres	s)		Telephor	ne number
City (Country)					State	, ZIP Code
, , , , , ,						
Supervisor (if (different from em	nlover)			l	1
Name and title		pioyei)			Telephor	ne number
Work address o	f suponvisor					
Work address o	i supervisor					
					<u> </u>	
City (Country)					State	ZIP Code
Additional Peri	ods of Activity w	ith this Employer				
Month/Year T	o Month/Year I	Position title		Supervisor		
Month/Year T	o Month/Year I	Position title		Supervisor		
Month/Year To	o Month/Year F	Position title		Supervisor		
Explanation/Rea	ason for leaving					
Explanation// to	accir for foaviling					
#6 Dates of En	anlaymant	Type of Employment				
	To Month/Yea		Position title/Military rank		, Work ho	urs Full-Time
Wionth / Car		Employment code	1 Ostron titic/wilitary rank		WOLK HO	Part-Time
-						Fait-Tille
Employer/Verif Name of emplo						
Name of emplo	yei/veriller				Telepho I	ne number
Address of emp	loyer/verifier					
City (Country)					State	ZIP Code
Physical Locat	ion				<u> </u>	1
		ent from employer addres	s)		Telephor	ne number
	•	, ,	,			
City (Country)					Ctoto	ZID Code
City (Country)					State 	ZIP Code
						<u> </u>
Supervisor (if or Name and title	lifferent from em	pioyer)			Tolors	a number
iname and title					ı elepnor İ	ne number
Work address o	f supervisor					
City (Country)					State	ZIP Code
						•
Enter your S	ocial Security N	Number before going	to the next page	\longrightarrow		

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5 UFR Palls 731, 732, aliu 730		80-111			
13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)					
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					
#7 Dates of Employment Type of Employment					
Month/Year To Month/Year Employment code Position title/Military rank	1/0	Vork hours Full-Time			
		Part-Time			
Employer/Verifier					
Name of employer/verifier	, , , , , , , , , , , , , , , , , , ,	Telephone number			
Address of employer/verifier	•				
City (Country)	s	state ZIP Code			
Physical Location	<u> </u>	·			
Your actual work address (if different from employer address)		elephone number			
City (Country)	S	State ZIP Code			
Supervisor (if different from employer)	•				
Name and title		elephone number			
Work address of supervisor	<u> </u>				
City (Country)	S	State ZIP Code			
Additional Periods of Activity with this Employer	<u> </u>				
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					
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 _