Standard Form 86A Revised April 2006 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

## 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 Soci	al Secu	rity Numbe	er	
WHEREVO	111143	ELIVED (C	4!	()									
WHERE YO	U HAV	E LIVED (Co					1				D : 1 (		
Residence Information  Month/Year To Month/Year Status							Point of Contact for that Period of Residence						
Month/Year #	То	Month/Year		wn [	☐ Military Ho	ousing				Relations  Neight	bor	☐ Landlord ☐ Business Associate ☐ Other	
Street address					pt. #		Current	address		A	pt. #		Telephone number
APO/FPO address							APO/FPO address (if currently applicable)						
City (Country)					State	Zip Code	City (Co	ountry)		State	Zip Code	A	Iternate contact number
			,									(	)
Month/Year #	То	Month/Year	Statu			y Housing	Name o	of person who kno	ws you (last,	first)	Relationsh  Neighbo	•	☐ Landlord ☐ Business Associate
Street address			R	ent A	Other pt. #		Current	address		 A	Friend pt. #		Other Telephone number
o ii oot aaai oo				,,	P			. uuu. ooo			P		( )
APO/FPO address							APO/FPO address (if currently applicable)						
City (Country)					State	Zip Code	City (Co	ountry)		State	Zip Code	A	Iternate contact number
Month/Year	То	Month/Year	Statu	us			Name of person who knows you (last, first) Relationship				ıip	Landlord	
#				_	Military Ho	ousing					Neighbo	or	☐ Business Associate
Street address			R		Other pt. #		Current	address		A	Friend pt. #		Other Telephone number
APO/FPO address							APO/FPO address (if currently applicable)						
City (Country) State Zip Coo				Zip Code	City (Country) State Zip			Zip Code	A	lternate contact number			
												(	)
WHERE YOU	J WEN	IT ТО SCHOO	L (Co	ontinue	d)								
Month/Year #	То	Month/Year	Code		e of school		Degree/Diploma received?						
Street address a	ind City	(Country) of school	ol								Sta	te	ZIP Code
Name of person	who kno	ew you (last, first)		Current a	address		Apt. #	City (Country)		State	ZIP Cod	e	Telephone number
Month/Year	To	Month/Year	Code	Nam	e of school				0		ceived?		( ) □ NO
#									(If "Yes," e	explain, inc	clude mm/yy		
Street address a	ind City	(Country) of school	ol								Sta	te	ZIP Code
Name of person	who kne	ew you (last, first)		Current a	address		Apt. #	City (Country)		State	ZIP Cod	ale	Telephone number
Were you suspe	ended or	expelled from an	v of the	institution	ıs above? 「	YES N	0						( )
Were you suspended or expelled from any of the institutions above? <b>YES NO</b> If "Yes," explain. Do not include academic probations.													
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## CONTINUATION SHEET FOR QUESTIONNAIRES SF 85, SF 85P, AND SF 86

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

EMPLOYMENT ACTIVIT	IES (Continu	ued)						
# Dates of Employment	Type of Emp							
Month/Year To Month/Year	<del> </del>	Military/F	ederal	Unemployment	Position title/Military rank			
	Military	Contracto	r	Self-employment				
		State Go	/ernment	Other	Work hours ☐ Full-time ☐ Part-time			
Employer/Verifier					Supervisor			
Name of employer/verifier			Telephone	number	Name and title (last, first)	Telephone number		
Address of secological series			( )		Address of supervisors	( )		
Address of employer/verifier					Address of supervisor			
City (Country), State, and Zip Co	de .				City (Country), State, and Zip Code			
ony (000mm y), onano, ama 2.p 00					ony (ocanny), chare, and inp code			
Physical Location								
Your physical location (if different fr	rom employer addre	ess)	Telephone	e number	City (Country), State, and Zip Code			
			( )					
Additional Periods of Activity			<u> </u>		Explanation/Reason for leaving			
Month/Year To Month/Year	Position	on Title		Supervisor	Explanation/Reason for leaving			
					Reason for leaving code (if applicable)			
# Dates of Employment	Type of Emp	oloyment						
Month/Year To Month/Year	Federal	☐ Military/F	ederal	Unemployment	Position title/Military rank			
	Military	Contracto		□ Self-employment				
		State Go	/ernment		Work hours ☐ Full-time ☐ Part-time			
Employer/Verifier		Supervisor						
Name of employer/verifier			Telephone	number	Name and title (last, first)	Telephone number		
Address of employer/verifier			( )		Address of supervisor			
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City (Country), State, and Zip Co	de				City (Country), State, and Zip Code			
Physical Location	<del></del>							
Your physical location (if different fr	om employer addre	ess)	Telephone	e number	City (Country), State, and Zip Code			
Additional Periods of Activity	with this Fm	nlover	( )					
Month/Year To Month/Year		on Title		Supervisor	Explanation/Reason for leaving			
				'				
					_			
					D ( ) ( ) ( ( ) ( ) ( )			
		-			Reason for leaving code (if applicable)			
# Dates of Employment	Type of Emp				D 22 22 (542)			
Month/Year To Month/Year	☐ Federal ☐ ☐ Military	Military/Fe Contracto		☐ Unemployment ☐ Self-employment	Position title/Military rank			
				Other	Work hours			
Employer/Verifier				_	Supervisor			
Name of employer/verifier		1	elephone	number	Name and title (last, first)	Telephone number		
Address of employer/verifier		(	)		Address of supervisor			
Address of employer/vermer					Address of supervisor			
City (Country), State, and Zip Co	de			City (Country), State, and Zip Code				
Physical Location					100 (0 1 ) 0 1 17 0 1			
Your physical location (if different fr	om employer addre	ess)	Telephone	number	City (Country), State, and Zip Code			
Additional Periods of Activity	with this Emi	plover	()_		1			
Month/Year To Month/Year	Positio			Supervisor	Explanation			
					Reason for leaving code (if applicable)			
			PUB	LIC BURDEN I	- 1 11			
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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.

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