

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

**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

WHERE YOU HAVE LIVED (Continued)

Residence Information				Point of Contact for that Period of Residence			
Month/Year	To	Month/Year	Status	Name of person who knows you (<i>last, first</i>)		Relationship	
#			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Street address				Current address		Telephone number	
Apt. #				Apt. #		()	
APO/FPO address				APO/FPO address (<i>if currently applicable</i>)			
City (Country)			State	Zip Code	City (Country)		Alternate contact number
							()
Month/Year	To	Month/Year	Status	Name of person who knows you (<i>last, first</i>)		Relationship	
#			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Street address				Current address		Telephone number	
Apt. #				Apt. #		()	
APO/FPO address				APO/FPO address (<i>if currently applicable</i>)			
City (Country)			State	Zip Code	City (Country)		Alternate contact number
							()
Month/Year	To	Month/Year	Status	Name of person who knows you (<i>last, first</i>)		Relationship	
#			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Street address				Current address		Telephone number	
Apt. #				Apt. #		()	
APO/FPO address				APO/FPO address (<i>if currently applicable</i>)			
City (Country)			State	Zip Code	City (Country)		Alternate contact number
							()

WHERE YOU WENT TO SCHOOL (Continued)

Month/Year	To	Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain, include mm/yyyy awarded.)		
#							
Street address and City (Country) of school					State	ZIP Code	
Name of person who knew you (<i>last, first</i>)			Current address		Apt. #	City (Country)	Telephone number
							()
Month/Year	To	Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain, include mm/yyyy awarded.)		
#							
Street address and City (Country) of school					State	ZIP Code	
Name of person who knew you (<i>last, first</i>)			Current address		Apt. #	City (Country)	Telephone number
							()

Were you suspended or expelled from any of the institutions above? YES NO
 If "Yes," explain. Do not include academic probations.

Enter your Social Security Number before going to the next page

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EMPLOYMENT ACTIVITIES (Continued)				
# Dates of Employment	Type of Employment			
Month/Year To Month/Year	<input type="checkbox"/> Federal	<input type="checkbox"/> Military/Federal	<input type="checkbox"/> Unemployment	Position title/Military rank
	<input type="checkbox"/> Military	<input type="checkbox"/> Contractor	<input type="checkbox"/> Self-employment	
	<input type="checkbox"/> State Government	<input type="checkbox"/> Other		Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer/Verifier			Supervisor	
Name of employer/verifier	Telephone number ()		Name and title (<i>last, first</i>)	Telephone number ()
Address of employer/verifier			Address of supervisor	
City (Country), State, and Zip Code			City (Country), State, and Zip Code	
Physical Location				
Your physical location (<i>if different from employer address</i>)		Telephone number ()		City (Country), State, and Zip Code
Additional Periods of Activity with this Employer				
Month/Year To Month/Year	Position Title	Supervisor	Explanation/Reason for leaving	
			Reason for leaving code (<i>if applicable</i>)	
# Dates of Employment	Type of Employment			
Month/Year To Month/Year	<input type="checkbox"/> Federal	<input type="checkbox"/> Military/Federal	<input type="checkbox"/> Unemployment	Position title/Military rank
	<input type="checkbox"/> Military	<input type="checkbox"/> Contractor	<input type="checkbox"/> Self-employment	
	<input type="checkbox"/> State Government	<input type="checkbox"/> Other		Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer/Verifier			Supervisor	
Name of employer/verifier	Telephone number ()		Name and title (<i>last, first</i>)	Telephone number ()
Address of employer/verifier			Address of supervisor	
City (Country), State, and Zip Code			City (Country), State, and Zip Code	
Physical Location				
Your physical location (<i>if different from employer address</i>)		Telephone number ()		City (Country), State, and Zip Code
Additional Periods of Activity with this Employer				
Month/Year To Month/Year	Position Title	Supervisor	Explanation/Reason for leaving	
			Reason for leaving code (<i>if applicable</i>)	
# Dates of Employment	Type of Employment			
Month/Year To Month/Year	<input type="checkbox"/> Federal	<input type="checkbox"/> Military/Federal	<input type="checkbox"/> Unemployment	Position title/Military rank
	<input type="checkbox"/> Military	<input type="checkbox"/> Contractor	<input type="checkbox"/> Self-employment	
	<input type="checkbox"/> State Government	<input type="checkbox"/> Other		Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer/Verifier			Supervisor	
Name of employer/verifier	Telephone number ()		Name and title (<i>last, first</i>)	Telephone number ()
Address of employer/verifier			Address of supervisor	
City (Country), State, and Zip Code			City (Country), State, and Zip Code	
Physical Location				
Your physical location (<i>if different from employer address</i>)		Telephone number ()		City (Country), State, and Zip Code
Additional Periods of Activity with this Employer				
Month/Year To Month/Year	Position Title	Supervisor	Explanation	
			Reason for leaving code (<i>if applicable</i>)	

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.

Enter your Social Security Number before going to the next page