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 Social Security Numb	er	
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
Name of person who knows you at this address	Current a	address				Apt.#
APO/FPO address (if currently applicable)	1					
						710.0
City (Country)					State	ZIP Code
Telephone number Alternate contact in	number	Relationship	Neighbor	Landlord	Other (Exp	lain)
			Friend	Business associate	-	
#6 Month/Year To Month/Year Status	Own	Military housing Other (Explain)	Street address			Apt.#
APO/FPO address	Rent	Ottlei (Expiairi)				
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
		D.1.". 1:			011 (5	
Telephone number Alternate contact I	number	Relationship	Neighbor Friend	Landlord Business associate	Other (Exp	iain)
#7 Month/Year To Month/Year Status	Own	Military housing	Street address	Business associate		Apt.#
	Rent	Other (Explain)				
APO/FPO address						
City (Country)					State	ZIP Code
Name of person who knows you at this address	Current a	address				Apt.#
APO/FPO address (if currently applicable)						
City (Country)					State	ZIP Code
Telephone number Alternate contact	number	Relationship	Neighbor	Landlord	Other (Exp	lain)
			Friend	Business associate		

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

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12 WHERE YOU WENT TO SCHOOL (Con	ntinued)						
#6 Month/Year To Month/Year Code	Year To Month/Year Code Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.			
l ı				I degree/diploma received and	u uale awa	iraea.	YES
Otro-to-date-or-end Otto (O-control) of orbital					Ctata	ZID Code	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 " of degree/diploma received and	Yes," ident d date awa	ify type irded.	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 "of degree/diploma received and	Yes," identi d date awa	ify type rded.	YES NO
Street address and City (Country) of school				,	State	ZIP Code	
Name of person who knows you	Current address				1	Apt. #	
City (Country)		State	ZIP Code	Telephone number			
#9 Month/Year To Month/Year Code	Name of school	<u> </u>		Degree/diploma received? If "\ of degree/diploma received and	Yes," identi d date awa	ify type rded.	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			
#10Month/Year To Month/Year Code	Name of school			Degree/diploma received? If " of degree/diploma received and			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			
			1	I			

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EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)					
#5 Dates of Employment Type of Employment					
Month/Year To Month/Year Employment code Position title/Military rank		Work hou	rs Full-time		_
Month real to Month real Employment code Position title/Military rank			· · · · · · ·		
Employer/Verifier Part-time					
Name of employer/verifier		Tolonbon	o numbor		_
Name of employer/verifier	1	relephon	e number		
Address of seconds with a					_
Address of employer/verifier					
					_
City (Country)	ľ	State	ZIP Code		
Physical Location					
Your actual work address (if different from employer address)	1	Telephon	e number		
City (Country)		State ZIP Code			
Supervisor (if different from employer)					_
Name and title		Telephone number			_
		·			
Work address of supervisor	<u> </u>				-
Work address of supervisor					
Ott. (Oscarta)		01-1-	710.0-1-		_
City (Country)	1	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 hou	rs Full-time		_
			Part-time		
Employer/Verifier					_
Name of employer/verifier		Telephone number			
· · · · · · · · · · · · · · · · · · ·					
Address of employer/verifier					-
, idea of a mprojen round.					
City (Country)		State	ZIP Code		-
City (Country)	ľ		Zii Code		
Physical Location					_
Your actual work address (if different from employer address)		Telephon	e number		_
Tour actual work address (if different from employer address)	1	relepitori	e number		
					_
City (Country)	;	State I	ZIP Code		
Supervisor (if different from employer)					
Name and title		Telephor	ne number		
Work address of supervisor	•				_
City (Country)		State	ZIP Code		_
	I				
					_
Enter your Social Socurity Number hefere gains to the next ness	k				_
Enter your Social Security Number before going to the next page	─	1			

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

EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continu	ed)		
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 Positio	n 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		
(i. aliani alian			
City (Country)	State ZIP Code		
Supervisor (if different from employer)			
Name and title	Telephone number		
Work address of supervisor			
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	nth/Year To Month/Year Position title Supervisor		
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.

	1
Signature	Date (mm/dd/yyyy)