Standard Form 86A Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Name of Person Who Knew You

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

Form approved: O.M.B. No. 3206-0007 NSN 7540-01-268-4828 86-203

Zip Code

State

Telephone Number

and 736 For use with the SF 86, Questionnaire for National Security Positions;

SF 85P, Questionnaire for Public Trust Positions;

and SF 85, Questionnaire for Non-Sensitive 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) Month/Year Month/Year Street Address Apt. # City(Country) State ZIP Code #1 Tο Name of Person Who Knew You Street Address Apt. # City(Country) State Zip Code Telephone Number Month/Year Month/Year City(Country) State ZIP Code Street Address Apt.# #2 Name of Person Who Knew You Street Address Apt. # City(Country) State Zip Code Telephone Number ZIP Code Month/Year Month/Year Street Address Apt.# City(Country) State #3 Τo Name of Person Who Knew You Street Address Apt. # City(Country) State Zip Code Telephone Number Month/Year Month/Year Street Address Apt.# City(Country) State ZIP Code #4 Name of Person Who Knew You Street Address Apt. # City(Country) State Zip Code Telephone Number Month/Year Month/Year Apt.# City(Country) ZIP Code Street Address State #5 Name of Person Who Knew You Telephone Number Street Address Apt.# City(Country) State Zip Code WHERE YOU WENT TO SCHOOL (Continued) Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded То Street Address and City (Country) of School State 7IP Code City(Country) Name of Person Who Knew You Street Address Apt.# State Zip Code Telephone Number Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded #2 Street Address and City (Country) of School ZIP Code State Name of Person Who Knew You Telephone Number Street Address Apt.# City(Country) State Zip Code Month/Year Month/Year Name of School Degree/Diploma/Other Month/Year Awarded #3 Street Address and City (Country) of School ZIP Code State

Apt.#

City(Country)

Street Address

YOUR EMPLOYMENT ACTIVITIES (Continued)						
	e Employer/Verifier Name/Military Duty Location		Your I	Your Position Title/Military Rank		
To Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number	
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number	
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number	
Month/Year Month/Year Position Title To			Supervisor			
Month/Year Month/Year	Position Title Supervise		Supervisor			
Month/Year Month/Year Month/Year Month/Year To Month/Year Month/Year To To To To	n/Year Position Title Supervisor		Supervisor			
Month/Year Month/Year (Code Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
Employer's/Verifier's Street Address City (Country)		State	ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number	
Supervisor's Name & Street Address (if different than Job Location) City (Country)		State	ZIP Code	Telephone Number		
Month/Year Month/Year	Position Title		Supervisor			
Month/Year Month/Year To	osition Title Supervisor		Supervisor			
Month/Year Month/Year Month/Year Month/Year To Month/Year Month/Year To To	Position Title Supervisor					
Month/Year Month/Year (Your Position Title/Military Rank		
Employer's/Verifier's Street Address City (Country)		City (Country)	State	ZIP Code	Telephone Number	
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number	
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number	
Month/Year Month/Year To	Position Title	sition Title Supervisor				
ACTIVITY ACTIVITY TO	Position Title Supervisor		Supervisor			
Month/Year Month/Year Month/Year Month/Year To Month/Year Month/Year To To	Position Title Supervisor		Supervisor			
			Your	Your Position Title/Military Rank		
		City (Country)	State	ZIP Code	Telephone Number	
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number	
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number	
Month/Year Month/Year	Position Title S		Supervisor			
ACTIVITY ACTIVITY TO	Position Title	tion Title Super		visor		
Month/Year Month/Year Month/Year Month/Year To Month/Year Month/Year To To	Position Title Supervisor		Supervisor			
Enter your Social Security Number before going to the next page						