

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

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 instruction 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
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WHERE YOU HAVE LIVED (Continued)

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	Zip Code
#1						
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	Zip Code
Telephone Number						
#2						
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	Zip Code
Telephone Number						
#3						
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	Zip Code
Telephone Number						
#4						
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	Zip Code
Telephone Number						
#5						
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	Zip Code
Telephone Number						

WHERE YOU WENT TO SCHOOL (Continued)

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1					
Street Address and City (Country) of School					State
Zip Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number					
#2					
Street Address and City (Country) of School					State
Zip Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number					
#3					
Street Address and City (Country) of School					State
Zip Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number					

YOUR EMPLOYMENT ACTIVITIES (Continued)

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 <i>(If different than Employer's Address)</i>			City (Country)	State	Zip Code	Telephone Number
Supervisor's Name & Street Address <i>(If different than Job Location)</i>			City (Country)	State	Zip Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	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 <i>(If different than Employer's Address)</i>			City (Country)	State	Zip Code	Telephone Number
Supervisor's Name & Street Address <i>(If different than Job Location)</i>			City (Country)	State	Zip Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	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 <i>(If different than Employer's Address)</i>			City (Country)	State	Zip Code	Telephone Number
Supervisor's Name & Street Address <i>(If different than Job Location)</i>			City (Country)	State	Zip Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	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 <i>(If different than Employer's Address)</i>			City (Country)	State	Zip Code	Telephone Number
Supervisor's Name & Street Address <i>(If different than Job Location)</i>			City (Country)	State	Zip Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	Supervisor		
	Month/Year	Month/Year	Position Title	Supervisor		

Enter your Social Security Number before going to the next page