

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 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)

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

WHERE YOU WENT TO SCHOOL (Continued)

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

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Month/Year To	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 ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		
	Month/Year To	Month/Year	Position Title	Supervisor		

Enter your Social Security Number before going to the next page 