

**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 |
|-----------|-----------------------------|
| | |

11 WHERE YOU HAVE LIVED (Continued)

| | | | | | | | | | | | | | | |
|--|------------|----|--------------------------|--------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|-----------------|
| #5 | Month/Year | To | Month/Year | Status | <input type="checkbox"/> | <input type="checkbox"/> | Own | <input type="checkbox"/> | <input type="checkbox"/> | 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 address | | | | | Apt.# | | |
| APO/FPO address (if currently applicable) | | | | | | | | | | | | | | |
| City (Country) | | | | | | | | | | | State | ZIP Code | | |
| Telephone number | | | Alternate contact number | | | Relationship | | | <input type="checkbox"/> | Neighbor | <input type="checkbox"/> | Landlord | <input type="checkbox"/> | Other (Explain) |
| | | | | | | | | | <input type="checkbox"/> | Friend | <input type="checkbox"/> | Business associate | | |

| | | | | | | | | | | | | | | |
|--|------------|----|--------------------------|--------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|-----------------|
| #6 | Month/Year | To | Month/Year | Status | <input type="checkbox"/> | <input type="checkbox"/> | Own | <input type="checkbox"/> | <input type="checkbox"/> | 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 address | | | | | Apt.# | | |
| APO/FPO address (if currently applicable) | | | | | | | | | | | | | | |
| City (Country) | | | | | | | | | | | State | ZIP Code | | |
| Telephone number | | | Alternate contact number | | | Relationship | | | <input type="checkbox"/> | Neighbor | <input type="checkbox"/> | Landlord | <input type="checkbox"/> | Other (Explain) |
| | | | | | | | | | <input type="checkbox"/> | Friend | <input type="checkbox"/> | Business associate | | |

| | | | | | | | | | | | | | | |
|--|------------|----|--------------------------|--------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|-----------------|
| #7 | Month/Year | To | Month/Year | Status | <input type="checkbox"/> | <input type="checkbox"/> | Own | <input type="checkbox"/> | <input type="checkbox"/> | 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 address | | | | | Apt.# | | |
| APO/FPO address (if currently applicable) | | | | | | | | | | | | | | |
| City (Country) | | | | | | | | | | | State | ZIP Code | | |
| Telephone number | | | Alternate contact number | | | Relationship | | | <input type="checkbox"/> | Neighbor | <input type="checkbox"/> | Landlord | <input type="checkbox"/> | Other (Explain) |
| | | | | | | | | | <input type="checkbox"/> | Friend | <input type="checkbox"/> | Business associate | | |

Enter your Social Security Number before going to the next page

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

| 12 WHERE YOU WENT TO SCHOOL (Continued) | | | | | | | | | |
|--|---------------|------------|-----------------|----------------|---|--------------------------|--------------------------|------------------|----|
| #6 | Month/Year To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
| #7 | Month/Year To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | <input type="checkbox"/> | <input type="checkbox"/> | 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 "Yes," identify type of degree/diploma received and date awarded. | <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
| #9 | Month/Year To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
| #10 | Month/Year To | Month/Year | Code | Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. | <input type="checkbox"/> | <input type="checkbox"/> | 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 | |

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

EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

| #5 Dates of Employment | | | Type of Employment | | | | Work hours | Full-time | Part-time |
|------------------------|----|------------|--------------------|------------------------------|--|--|------------|-----------|-----------|
| Month/Year | To | Month/Year | Employment code | Position title/Military rank | | | | | |

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 _____

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 |
|------------|----|------------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |

Explanation/Reason for leaving _____

| #6 Dates of Employment | | | Type of Employment | | | | Work hours | Full-time | Part-time |
|------------------------|----|------------|--------------------|------------------------------|--|--|------------|-----------|-----------|
| Month/Year | To | Month/Year | Employment code | Position title/Military rank | | | | | |

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 _____

City (Country) _____ State _____ ZIP Code _____

Supervisor (if different from employer)

Name and title _____ Telephone number _____

Work address of supervisor _____

City (Country) _____ State _____ ZIP Code _____

Enter your Social Security Number before going to the next page 

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

| EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued) | | | | | | | | | |
|---|----|---------------------------|-----------------|------------------------------|--|--|------------------|-----------|--------------------------|
| 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 | Position title/Military rank | | | Work hours | Full-time | <input type="checkbox"/> |
| | | | | | | | | Part-time | <input type="checkbox"/> |
| 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 | | |
| 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 | | | | 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.

| | |
|------------------|--------------------------|
| Signature | Date (mm/dd/yyyy) |
|------------------|--------------------------|