## Continuation Sheet for SF 171 Attach all SF 171-A's to your application at the top of page 3.

Form Approved OMB No. 3206-0012

ame (Last, First, Middle Initial)					2. Soci	al Security	
b Title or Announcement Number You Are Applying For					4. Date	Completed	
DITIONAL MODIZ EVERDIENCE DI OCIZO							
DITIONAL WORK EXPERIENCE BLOCKS  Name and address of employer's organization (include ZIP Code, if known)	Dates employed (gi	ve month.	dav and vear)	Average numb	per of	Number or emp	
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-	Salary or earnings			Your reason for leaving			
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	Ending \$	per					
Your immediate supervisor Exact title of your	_	pei	If Federal emp	l plovment <i>(civilia</i>	an or mil	itary) list series,	
Name Area Code Telephone No.				and, if promoted in this job, the date of			
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## Continuation Sheet for SF 171 (Back) • Attach all SF 171-A's to your application at the top of page 3.

1. Name (Last, First, Middle Initial)								2. So	cial Security	
3. Job Title or Announcement Number You Are Applying For								4. Date Completed		
ADDITIONAL WOF	RK EXPERIENCE	BLOCKS								
Name and address of employer's organization (include ZIP Code, if			Code, if known)				Average numb		Number or employ- ees you	
				From:	To:		meane ser meen		000 100	
				Salary or earnings			Your reason for wanting to leave			
				Starting \$	per					
				Ending \$	per					
Your immediate supervisor Exact title of your jo			, , ,			, ,		• /		
Name	Area Code	Telephone No.				grade or rank, vour last prom		d in th	is job, the date of	
<u> </u>	. Describe very specific		<u> </u>							

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

For Agency Use (skill codes, etc.)