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

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

Form approved
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86-203

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

WHERE YOU HAVE LIVED *(Continued)*

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

Exception to SF-85, SF-85P, SF-85P-S, SF-86, and SF-86A approved by GSA September, 1995.
Designed using JetForm 5.3 version

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 *(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	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 *(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	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 *(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	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 *(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	Month/Year	Position Title	Supervisor
	Month/Year	Month/Year	Position Title	Supervisor
	Month/Year	Month/Year	Position Title	Supervisor

Enter your Social Security Number bfore going to the next page →