

**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.#	
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	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.#	
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	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.#	
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	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		

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CONTINUATION SHEET FOR QUESTIONNAIRES
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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"/>	YES	<input type="checkbox"/>	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"/>	YES	<input type="checkbox"/>	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"/>	YES	<input type="checkbox"/>	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"/>	YES	<input type="checkbox"/>	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"/>	YES	<input type="checkbox"/>	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				

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**CONTINUATION SHEET FOR QUESTIONNAIRES
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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 _____

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**CONTINUATION SHEET FOR QUESTIONNAIRES
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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)
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