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

Form approved: OMB No. 3206 0005 NSN 7540-01-268-4828 86-111

#### 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	Name Your Social Security Number				
11 WHERE YOU HAVE LIVED (Continued)					
#5 Month/Year To Month/Year Status Own	Military housing	Street address		Apt.#	
Rent	Other (Explain)			·	
APO/FPO address					
City (Country)				, State , ZIP Code	
ony (osamay)					
Name of person who knows you at this address   Current add	dress			Apt.#	
APO/FPO address (if currently applicable)					
City (Country)				State ZIP Code	
Telephone number Alternate contact number	Relationship	Neighbor	Landlord	Other (Explain)	
		Friend	Business associate		
	Military housing Other (Explain)	Street address		Apt.#	
APO/FPO address	Ottlet (Explain)				
City (Country)				State ZIP Code	
Name of person who knows you at this address   Current ad	dress			Apt.#	
APO/FPO address (if currently applicable)					
City (Country)				State ZIP Code	
Telephone number Alternate contact number	Relationship	Neighbor	Landlord	Other (Explain)	
		Friend	Business associate		
#7 Month/Year To Month/Year Status Own Rent	Military housing Other (Explain)	Street address		Apt.#	
APO/FPO address	Ottlet (Explain)				
City (Country)				State ZIP Code	
Name of person who knows you at this address Current ad	dress			Apt.#	
APO/FPO address (if currently applicable)					
City (Country)				State ZIP Code	
Telephone number Alternate contact number	Relationship	Neighbor	Landlord	Other (Explain)	
		Friend	Business associate		
Enter your Social Security Number before going to t	ha wast was		, г		

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12 WHERE YOU WENT TO SCHOOL (Co	<u> </u>						
#6 Month/Year To Month/Year Code	Name of school			Degree/diploma received? If "Y of degree/diploma received and			YES
l I I				or degree/diploma received and	uale awai	rueu.	MO NO
Otra at a days a sand Otra (Ossarta ) of sales	.1				Ctata	710.0-	
Street address and City (Country) of school	)				State	ZIP Co	ode
Name of person who knows you	Current address					Apt.	#
City (Country)		State	ZIP Code	Telephone number			
City (Country)		Jiale	ZIF Code	relephone number			
#7 Month/Year To Month/Year Code	Name of school			Degree/diploma received? If "Ye	es," identif	y type	
	1			of degree/diploma received and	date awar	ded.	YES NO
Street address and City (Country) of school	 N			l .	State	ZIP Co	
Shoot dadrood and only (country) or context	•						
Name of person who knows you	Current address					Apt.	#
Oit (Occuptor)		Ctata	710.0-1-				
City (Country)		State	ZIP Code	Telephone number			
#8 Month/Year To Month/Year Code	Name of school			Degree/diploma received? If "Y	es." identif	fv type .	
				of degree/diploma received and	date awar	ded.	YES
							NO
Street address and City (Country) of school	ol				State	ZIP Co	de
Name of person who knows you	Current address					Apt. :	#
City (Country)		State	ZIP Code	. Telephone number			
City (Courtary)				Telephone number			
#9 Month/Year To Month/Year Code	Name of school			Degree/diploma received? If "Ye			
1 1	I			of degree/diploma received and	date award	ded.	YES
							NO
Street address and City (Country) of school	ol .				State 	ZIP Co	de
Name of person who knows you	Current address					Apt.	#
						, ф.	
City (Country)	•	State	ZIP Code	Telephone number			
#10 Month/Year To Month/Year Code	Name of school			Degree/diploma received? If "Yof degree/diploma received and	es," identif date awar	y type ded.	YES
							NO
Street address and City (Country) of school	! )				State	ZIP Co	
, , , , , , , , , , , , , , , , , , , ,							
Name of person who knows you	Current address					Apt	t. #
City (Country)		04-4-	710.0 1	Talanhan			
City (Country)		State	ZIP Code	Telephone number			

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

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13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)			
#5 Dates of Employment Type of Employment			
Month/Year To Month/Year Employment code Position title/Military rank	۱,۷	Vork hou	rs Full-Time
			Part-Time
Employer/Verifier	I		
Name of employer/verifier	7	Folonbon	e number
	Ι'	i elepi lori	e number
Address of employer/verifier			
City (Country)	S	tate	ZIP Code
		1	
Dhusiael Laggian			
Physical Location			
Your actual work address (if different from employer address)	11	elephone	e number
City (Country)	S	state	ZIP Code
Supervisor (if different from employer)			
Name and title	т.	alenhan	e number
INAMIC AND INC	, ''	ciehiloile	Hamber
Work address of supervisor			
City (Country)	S	tate	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		
Month/Year To Month/Year Position title	Supervisor		
Surface the Change for heaving			
Explanation/Reason for leaving			
#6 Dates of Employment Type of Employment			
Month/Year To Month/Year Employment code Position title/Military rank	, w	Vork hou	rs Full-Time
			Part-Time
Employer/Verifier			
Name of employer/verifier	т	Folonbon	e number
	Ι'	elepitori	e number
Address of employer/verifier			
City (Country)	S	tate	ZIP Code
		- 1	
Dhuriael Lagation			
Physical Location			
Your actual work address (if different from employer address)	!·	elephone	e number
City (Country)	.S	tate .	ZIP Code
Supervisor (if different from employer)	<u> </u>		
Name and title	т.	alenhan	e number
rame and tale	Ι''	Cicpilott	Hamboi
Work address of supervisor			
City (Country)	S	tate	ZIP Code
- 2 3 3 27	ا		
Enten very Cocial Consulty Number before as in the the secret series			
Enter your Social Security Number before going to the next page	<b>─</b>		

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13 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 Part-Time			
Employer/Verifier  Name of employer/verifier		Telephone number			
Address of employer/verifier					
City (Country)		State ZIP Code			
Physical Location		I			
Your actual work address (if different from employer address)		Telephone number			
City (Country)		State ZIP Code			
Supervisor (if different from employer)		1			
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				
Month/Year To Month/Year Position title	Supervisor				
Explanation/Reason for leaving					
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)			
Enter your Social Security Number before going to the next page	<b>—</b>				