Standard Form 171-A - *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

1. Name *(Last, First, Middle Initial)*	2. Social Security Number
3. Job Title or Announcement Number You Are Applying For	4. Date Completed

ADDITIONAL WORK EXPERIENCE BLOCKS

Name and address of employer's organization *(include ZIP Code, if known)*	Dates employed *(give month, day and year)* From: To:	Average number of hours per week	Number of employees you supervised
	Salary or earnings Starting $ per Ending $ per	Your reason for leaving	

Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job	If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

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.)

Name and address of employer's organization *(include ZIP Code, if known)*	Dates employed *(give month, day and year)* From: To:	Average number of hours per week	Number of employees you supervised
	Salary or earnings Starting $ per Ending $ per	Your reason for leaving	

Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job	If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

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For Agency Use (skill codes, etc.)

Standard Form 171-A - *Continuation Sheet for SF 171 (Back)*

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

Form Approved:
OMB No. 3206-0012

1. Name *(Last, First, Middle Initial)*	2. Social Security Number
3. Job Title or Announcement Number You Are Applying For	4. Date Completed

ADDITIONAL WORK EXPERIENCE BLOCKS

Name and address of employer's organization *(include ZIP Code, if known)*	Dates employed *(give month, day and year)* From: To:	Average number of hours per week	Number of employees you supervised
	Salary or earnings Starting $ per Ending $ per	Your reason for leaving	

Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job	If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

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.)