

CONTINUATION SHEET FOR FD-140

INSTRUCTIONS: Use this form to continue your answers to Sections II. Residences and IV. Employment. Follow the instructions on the FD-140 and give information in the same sequence. Use as many continuation sheets as needed.	
Your Name:	Social Security Number:

II. RESIDENCES (continued)

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number ( )
1. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
2. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
3. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
4. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
5. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
6. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
7. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code

IV. EMPLOYMENT (continued)

1. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank
Address of Employment		City (County)	State
		Zip Code	Telephone Number ( )
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving
Salary/Earnings		Average No. of Hrs. per week	Level of Security Clearance
Starting \$_____ per ____ Ending \$_____ per ____		Full Time    Part Time	
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)			

IV. EMPLOYMENT (Continued)

2. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number (    )		
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving	
Salary/Earnings		Average No. of Hrs. per week		Level of Security Clearance (if applicable)
Starting \$ _____ per ____ Ending \$ _____ per ____		Full Time	Part Time	
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

3. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number (    )		
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving	
Salary/Earnings		Average No. of Hrs. per week		Level of Security Clearance (if applicable)
Starting \$ _____ per ____ Ending \$ _____ per ____		Full Time	Part Time	
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

4. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number (    )		
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving	
Salary/Earnings		Average No. of Hrs. per week		Level of Security Clearance (if applicable)
Starting \$ _____ per ____ Ending \$ _____ per ____		Full Time	Part Time	
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

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