

# Standard Form 171-A— Continuation Sheet for SF 171

Form Approved:  
OMB No. 3206-0012

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

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)	Average number of hours per week	Number of employees you supervise
	From: _____ To: _____		
Salary or earnings		Your reason for wanting to leave	
Starting \$ _____ per			
Ending \$ _____ per			
Your immediate supervisor Name	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 supervise. *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)	Average number of hours per week	Number of employees you supervise
	From: _____ To: _____		
Salary or earnings		Your reason for leaving	
Starting \$ _____ per			
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## For Agency Use (skill codes, etc.)

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

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OMB No. 3206-0012

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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)	Average number of hours per week	Number of employees you supervise
	From: _____ To: _____		
	Salary or earnings	Your reason for wanting to leave	
	Starting \$ _____ per		
	Ending \$ _____ per		
Your immediate supervisor Name	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 supervise. *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.)**