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 Inn	tial)						2. Socia	ll Security Number		
3. Job Title or Announcement Number You Are Applying For								4. Date Completed		
ADDITIONAL WORK E	XPERIENC	E BLOCKS								
Name and address of employer's organization (include ZIP Code, if known)				Dates employed (g	Average n		Number of employees you supervised			
				From:	То:	nours per	week	you supervised		
						Your reason for leaving				
				Starting \$	per					
				Ending \$	per					
Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job)		nent (civillian or military) list series, grade or rank, this job, the date of your last promotion				
Description of work: Describe y of work (for example, carpentry and						u supervised.	If you des	scribe more than one typ		

							For Agency Use (s	skill codes, etc.)
Name and address of emplo	Dates employed (give month, day and year) From: To:			Average number of hours per week	Number of employees you supervised			
			Salary or earnings			Your reason for leaving		
			Starting \$ per					
			Ending \$ per					
Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your jo	b If Federal employment (civilian or military) list series, grade or ra 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.)

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.

1. Name (Last, First, Middle Initial)

Form Approved: OMB No. 3206-0012

3. Job Title or Announcement Number You Are Applying For							4. Date Completed			
AD	DITIONAL WORK EX	PERIENC	E BLOCKS							
Name and address of employer's organization (include ZIP Code, if known)					, ,			Average number of		Number of employees
			From:		То:	hours per v		you supervised		
		Salary or earnings			Your reas	Your reason for leaving				
			Starting \$		per					
					Ending \$		per			
	Your immediate supervisor Exact title of your jo									
N	ame	Area Code	Telephone No.				and, if promoted in this	job, the date	of your last	promotion
							I			

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.)

2. Social Security Number