

## DRUG QUESTIONNAIRE

OMB No. 1117-0043  
EXP. DATE: 10/2007

### Privacy Act Statement

Authority: Executive Order 12564, September 15, 1986, the Drug Enforcement Administration's Drug-Free Workplace Plan and Title 5, United States Code. Purpose: DEA is charged with enforcement of the Controlled Substance Act; therefore, drug abuse by DEA employees would be intolerable and totally unacceptable. To be considered for employment with the DEA, it is mandatory that all applicants being considered for positions complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. Applicants who are found, through investigation or personal admission, to have experimented with or used narcotics or dangerous drugs, except those medically prescribed, will not be considered for employment with the (DEA). Exceptions to this policy may be made for applicants who admit to limited youthful and experimental use of marijuana. Such applicants may be considered for employment if there is no evidence of regular, confirmed usage and the full-field background investigation and result of the other steps in the process are otherwise favorable. Routine Uses: Information contained in this form may be disclosed to other federal agencies for assistance in completing the security clearance process.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Please Print)

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate the date, if any, on which you last used any of the following substances. Do not include instances in which the substance was prescribed, administered or dispensed for you by a duly authorized physician for treatment of a legitimate medical condition. Additionally, do not volunteer any information other than what is requested. Neither your truthful responses nor information derived from your response will be used as evidence against you in a subsequent criminal proceeding.

Substance	Approximate Month/Year You Last Used/Tried/ or Experimented with this Substance	Please Initial if Never Used/ Tried/Experimented
Marijuana	____/____	_____
Hashish/Hash Oil	____/____	_____
Cocaine/Crack	____/____	_____
PCP	____/____	_____
Heroin	____/____	_____

\_\_\_\_\_  
Initials

Name \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Substance	Approximate Month/Year You Last Used/Tried/ Experimented This Substance	Please Initial if Never Used/Tried/Experimented
Opium	____/____	_____
LSD	____/____	_____
Methamphetamine	____/____	_____
Ecstasy	____/____	_____
Any Other Illegal Substance	_____ identify	____/____ _____

I certify that the information provided on this questionnaire is correct and complete to the best of my knowledge. I further certify that I was not asked any information concerning use of the substances listed on this questionnaire other than that contained in the questionnaire. I understand that any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process.

\_\_\_\_\_  
Signature of Applicant                      Date

**PAPERWORK REDUCTION ACT NOTICE:** See Title 44 United States Code, Chapter 35. This form asks you to disclose your personal history, if any, of use of illegal drugs. This information will be used by DEA to determine your qualifications for employment. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is five minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to: Human Resources Division, Drug Enforcement Administration, 2401 Jefferson Davis Highway, Alexandria VA 22301. Under the Paperwork Reduction Act, an agency of the United States government may not conduct or sponsor, and a person is not required to respond to, a request for collection of information unless it contains a currently valid OMB control number.