

DRUG QUESTIONNAIRE

OMB No. 1117-0043
Exp. date:
Previous editions obsolete

Privacy Act Notice

Providing this information is voluntary. Authorities for the collection of this information are found in 5 U.S.C. Part II (Civil Service Functions and Responsibilities) and Part III (Employees). The principal purposes for which the information will be used are to evaluate your qualifications and suitability for employment at the U.S. Department of Justice, Drug Enforcement Administration (DEA) and to ensure the accuracy of agency records. The information may be disclosed to employees of the U.S. Department of Justice who have a need to know the information for the performance of their duties, and to appropriate Federal, State, or local agencies responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order, when DEA becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation. Failure to furnish the requested information may disqualify you from employment at DEA.

The Drug Enforcement Administration (DEA) is charged with enforcing the Controlled Substances Act. Thus, the use of drugs by DEA employees which is illegal under the Controlled Substances Act is not tolerated. In addition, applicants for employment with DEA who are found, through investigation or admission, to have experimented with or used drugs, in violation of the Controlled Substances Act, will not be considered for employment with the DEA. Exceptions to this policy may be made for applicants who admit to limited youthful, experimental use of marijuana. Such applicants may be considered for employment if there is no evidence of regular illegal drug use, and if the results of the full-field background investigation and other steps in the employment process are favorable.

Name: Last _____ First _____ Middle _____
(Please Print)

Date of Birth _____

Instructions

All applicants for employment with DEA must complete this form and submit it as part of their employment applications. Indicate the date, if any, on which you last used each substance. Do not include any instance in which the substance was prescribed, administered, or dispensed for you by a duly authorized physician for treatment of a legitimate medical condition. DEA will not use, or disclose for use, as evidence against you in a criminal proceeding, your truthful responses nor information derived from your truthful responses.

Substances	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

