Standard Form 85P-S (EG) Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: OMB No. 3206-0191 NSN 7540-01-368-7778 85-1700

Supplemental Questionnaire for Selected Positions

INSTRUCTIONS

This form is supplemental to SF 85P, Questionnaire for Public Trust Positions, but is used only after an offer of employment has been made and when the information it requests is job-related and justified by business necessity. Other than this restriction to its use, this form has the same purposes and authorities described on SF 85P. The agency which gave you this form will tell you which questions to answer

Instructions for completing this form are the same as SF 85P: you must type or legibly print your answers in black ink, use State codes, etc. Be sure to sign and date the certification statement at the bottom of this page.

PUBLIC BURDEN INFORMATION: Public burden reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington DC 20415. Do not send your completed form to this address.

Name	First Name	P, Questionnaire for Public Middle Name		II, etc.	IAL SEU	JOHN I N	O 1411
	i iist ivaille	Wildule Name	51.,	11, 616.			
PPLEMENTAL QUESTIONS			,	,			
YOUR LISE OF ILLEGAL DRUGS AND DRUG ACTIVITY The formula grounds for an adverse employment decision or action against you, but neither your truthful response nor information.						Yes	
•	s evidence against you in any subsequ	,					
crack cocaine, hashish, narcot	ust (ye)rs, whichever is shorter, have ics (oprum, morphine, codeine, heroin, CP, etc.), or prescription drugs?	you <u>illegally</u> used any contr , etc.), amphetamines, depr	olled substance, for exa essants (barbiturates, n	ample, marijuana, co nethaqualone, tranq	ocaine, uilizers,		
.	controlled substance while employed ce; or while in a position directly and im			oom official; while			
	tion above, provide the date(s), identif	, , ,		rugs used, and the n	number of	f times ead	ch v
Month/Year Month/Year	Controlled Substance/Prescription Dr	rug Used	Number of Times Us	ed			
То							
To YOUR USE OF ALCOHOL						Yes	
n the last voir use of	f alcoholic hoverages (such as liquer h						
as for alconor abuse or alcoholism)?	peer, wine) resulted in any a	Icohol-related treatmer	t or counseling (suc	h		
as for alco nor a buse or alcoholism	e dates of treatment and the name and						
as for alco nor a buse or alcoholism)?	address of the counselor be				ZIP Cod	e
is for alc onor a buse or alcoholism f you answered "Yes," provide the)? e dates of treatment and the name and	address of the counselor be			1	ZIP Cod	е
is for alco nor a buse or alcoholism f you answered "Yes," provide the Month/Year Month/Year To)? e dates of treatment and the name and	address of the counselor be			1	ZIP Cod	е
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