



# DRUG QUESTIONNAIRE

## 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 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.

## PAPERWORK REDUCTION ACT NOTICE

See Title 44, United States Code, Chapter 35. This form requires you to disclose your personal history of illegal drug use, if any. The principal purposes for which the information will be used are to evaluate your qualifications and suitability for employment at the DEA and to ensure the accuracy of agency records. 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, 8701 Morrissette Drive, Springfield, VA 22152. 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 Office of Management and Budget (OMB) control number.

Initials: \_\_\_\_\_