

Drug Activity Questionnaire

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|------------|-------------|-----------------|---------|----------------|----------------------|
| Last Name: | First Name: | Middle Initial: | Suffix: | Date of Birth: | SSN (last 4 digits): |
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In accordance with Federal laws, the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has specific drug activity policies that an individual must be in compliance with before a determination can be made whether access to ATF information, information technology systems, and/or unescorted access to ATF facilities can be authorized. This questionnaire requests information about your activities involving controlled substances (*including marijuana and misuse or abuse of prescription drugs*).

To ensure that you are in compliance with ATF's drug policy, you must respond to the questions below and sign and date this questionnaire. **You must provide information to the best of your knowledge and understanding. ATF understands that approximations/estimations may be used. However, any intentional omissions or inaccuracies may preclude you from further consideration for employment or service opportunities with ATF.**

If you engaged in a drug activity in another country or U.S. state, district, possession, or territory where the substance involved was legal under the laws of that entity, you must disclose that information as required by the question.

Definitions

Addicted: Refers to being physically or mentally dependent on a controlled substance or prescription drug, and/or an inability to stop taking a controlled substance or prescription drug without incurring adverse effects.

Controlled Substances: Refers to substances listed in Schedule I through Schedule V of the Controlled Substances Act, 21 U.S.C. § 812 which includes marijuana, certain prescription drugs, heroin, cocaine, crack cocaine, codeine, methamphetamines, anabolic steroids, and many other drugs. You can clarify the status of a drug by searching the alphabetical listing of controlled substances on the Drug Enforcement Administration (DEA) website. It is recommended that you electronically search for the drug by name to ensure that you are not only finding substances by their formal names in the alphabetical listing, but are also finding them by other names (*e.g., brand name and street name*) by which they may be known. A controlled substance analogue is also considered a controlled substance. A definition of that term can be found under 21 U.S.C. § 802(32)(A) which can also be accessed on the DEA website.

Distribute/Sale/Transport: The process of providing or moving controlled substances (*including prescription drugs*) to another individual or location when these activities involve a **profit**.

EVER: Refers to the entire span of your life.

Marijuana: Includes any natural or synthetic form of cannabis, hashish, hash oils, and tetrahydrocannabinol (THC).

Misuse/Abuse: Refers to use of a prescription drug (*regardless of whether it was prescribed to you*) for any reason other than its intended purpose.

Occurrence: Refers to a single occasion or event in which a drug was used. For example, if you smoke marijuana at a party, that use is considered one occurrence. If you went to another party the same night and smoked marijuana again, that use is considered a second occurrence.

Position of Public Responsibility: This term applies to conduct that occurred, either on or off duty, while the individual was employed in or held any position which: a) requires a federal government security clearance, b) requires a public trust federal background investigation, c) is a sworn law enforcement position, or d) is an elected or appointed position in which law enforcement authority is legally vested.

When Responding to the Below Drug Activity Questions, Follow this Guidance:

- **Prior to responding to the questions, carefully review the above instructions and definitions.**
- **If you are unsure of an exact number of occurrences, provide an approximate number and identify your response as an approximation.**
- **If you are unsure of an exact date (*month and year*), provide an approximate date and identify your response as an approximation.**
- **If necessary, provide additional information on a separate page and submit it with this form.**

1. In the last 5 years, which of the following illegal activities relating to controlled substances (*NOT including prescription drugs*) apply to you? Check all that apply. List each substance on a separate line and provide details.

Use, Purchase or Cultivation for Personal Use Distribute, Sale or Transport for Profit Cultivate/Manufacture Not Applicable

| Name of Controlled Substance | Dates of Activities | | Number of Occurrences | Type of Activity | Explanation/Details |
|------------------------------|-----------------------|-----------------|-------------------------------|---------------------|--|
| | From | To | | | |
| <i>Example: Marijuana</i> | <i>September 2020</i> | <i>May 2022</i> | <i>Approximately 30 times</i> | <i>Personal Use</i> | <i>Used at parties during high school and college.</i> |
| | From | To | | | |
| | From | To | | | |
| | From | To | | | |

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2. In the last 5 years, which of the following activities regarding prescription drugs apply to you to include prescribed controlled substances (regardless of whether they were prescribed to you or not)? Check all that apply. List each substance on a separate line and provide details.

Misuse or Abuse Distribute, Sale or Transport for Profit Manufacture None

| Name of Prescription Drug | Dates of Activities | | Number of Occurrences | Type of Activity | Explanation/Details |
|---------------------------|---------------------|--------------------|------------------------------|---------------------|---|
| | From | To | | | |
| <i>Example: Oxycodone</i> | <i>June 2020</i> | <i>August 2020</i> | <i>Approximately 5 times</i> | <i>Misuse/Abuse</i> | <i>I used some oxycodone that I had left over from surgery. I used it while at parties to get high.</i> |
| | From | To | | | |
| | From | To | | | |
| | From | To | | | |

3. Have you **EVER** been involved in any of the above drug activities while in a position of public responsibility (see definition above) or while holding a security clearance? Yes No (If yes, provide details below.)

| Name of Drug/ Controlled Substance | Type of Position Held | Dates of Activities/Use While Assigned to the Position | | Number of Occurrences | Type of Activity | Explanation/Details |
|------------------------------------|-----------------------------|--|----------------------|------------------------------|---------------------|--|
| | | From | To | | | |
| <i>Example: Marijuana</i> | <i>Local Police Officer</i> | <i>December 2021</i> | <i>December 2021</i> | <i>Approximately 5 times</i> | <i>Personal Use</i> | <i>I was in Colorado for vacation and used marijuana where it was legal.</i> |
| | | From | To | | | |
| | | From | To | | | |
| | | From | To | | | |

4. Have you **EVER** been addicted to or has your use of any controlled substances or prescription drugs resulted in negative consequences (e.g., loss of job, arrest, voluntary or involuntary treatment/counseling)? Yes No (If yes, provide details below.)

| Name of Drug/ Controlled Substance | Dates | | Dates of Counseling/Treatment (as applicable) | | Explanation/Details |
|------------------------------------|-----------------|----------------------|---|----------------------|--|
| | From | To | From | To | |
| <i>Example: Oxycodone</i> | <i>May 2020</i> | <i>December 2022</i> | <i>December 2022</i> | <i>December 2022</i> | <i>I was prescribed oxycodone after I had shoulder surgery and became addicted. I was able to talk to my doctor and therapist who helped me to wean off the drug and I have not used it since.</i> |
| | From | To | From | To | |
| | From | To | From | To | |
| | From | To | From | To | |

5. If applicable, what are your intentions regarding future use of and/or activities involving controlled substances (including marijuana) and prescription drugs?

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Certification of Drug Activity Questionnaire: My responses to the above questions are true and correct to the best of my knowledge and belief and are made in good faith. I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my employment, continued employment, or service opportunities with ATF.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Privacy Act Statement

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- Authority.** Solicitation of this information is made pursuant to Executive Orders 13764 and 13467 and in accordance with Executive Order 12564, Drug Free Workplace.
- Purpose.** To determine the eligibility of the individual for employment or service opportunities with ATF based on its agency specific qualifications.
- Routine uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this Statement. This information becomes a part of the permanent personnel security record of all candidates and is included in Internal Security Record System - Justice/ATF-006 (68 FR 3555-6) and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment, continued employment, or service opportunities with ATF.
- Effects of not supplying the requested information.** Failure to supply complete information may require ATF to make a determination of the individual's eligibility for employment, continued employment, or service opportunities with ATF based on the information available.
- Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identity.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. This information collection will be used to determine if a candidate for Federal or contractor employment at the ATF meets agency specific qualifications relating to drug activities.

The estimated average burden associated with this collection is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Contract and Forms Section, Bureau of Alcohol, Tobacco, Firearms, and Explosives, 99 New York Avenue NE., Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

