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

FULL NAME	L NAME Enter your name exactly as it appears on your SF 85P, Questionnaire for Public Trust Positions.					CURITY N	υмв
st Name		First Name	Middle Name	Jr., II, etc.			
IPPI EMENTAI	L QUESTIONS	•					
YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, a failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful response nor inform from your response will be used as evidence against you in any subsequent criminal proceeding.						Yes	١
crack cocain	e, hashish, narco	ast 7 years, whichever is shorter, hav tics (opium, morphine, codeine, hero CP, etc.), or prescription drugs?	·		•		
		ce; or while in a position directly and		•	cial; while		
If you answered used.	"Yes" to any ques	stion above, provide the date(s), iden	tify the controlled substance(s	s) and/or prescription drugs use	d, and the number	of times ea	ch w
Month/Year	Month/Year	Controlled Substance/Prescription I	Drug Used	Number of Times Used			
	То						
YOUR USE OF	То					Yes	
	use or alcoholism "Yes," provide the	n)? e dates of treatment and the name ar	nd address of the counselor be	elow. Do not repeat information	n reported in		
Month/Year	Month/Year	Name/Address of Counselor or Doctor		State	ZIP Code		
	То						
	To					Yes	
YOUR MEDICAL RECORD In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted another health care provider about a mental health related condition? You do not have to answer "Yes" if you were only involved in marits.						163	
	g not related to vi		You do not have to answer Y	es il you were only involved in	mantal, grier, or		
If you answered	"Yes," provide the	e dates of treatment and the name ar	nd address of the therapist or	doctor below.			
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	ZIP Cod	е	
	То						
RTIFICATION	То						
Name (CAMON		Cortification	on That My Answers A	Are True			
ade in good fa	aith. I unders	and any attachments to it, a	re true, complete, and	correct to the best of my			
th. (See sect	ion 1001 of ti	tle 18, United States Code).		·	-	•	
nature (Sian in in	k)				Date		