

## DRUG QUESTIONNAIRE

### Privacy Act Statement

Authority: Executive Order 12564, September 15, 1986, the Drug Enforcement Administration's Drug-Free Workplace Plan and Title 5, United States Code. Purpose: DEA is charged with enforcement of the Controlled Substance Act; therefore, drug abuse by DEA employees would be intolerable and totally unacceptable. To be considered for employment with the DEA, it is mandatory that all applicants being considered for positions complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. Routine Uses: Information contained in this form may be disclosed to other federal agencies for assistance in completing the security clearance process. Other routine uses include disclosure to foreign, federal, state and local law enforcement and regulatory agencies, for referral to avoid duplication of the investigative process and where the appropriate agency is charged with the responsibility of investigating or prosecuting potential violations of law.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Please Print)

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate the date, if any, on which you last used any of the following substances. Do not include instances in which the substance was prescribed, administered or dispensed for you by a duly authorized physician for treatment of a legitimate medical condition. Additionally, do not volunteer any information other than what is requested.

Substance	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

(2)

Name \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Substance	Approximate Month/Year You Last Used/Tried/ Experimented This Substance	Please Initial if Never Used/Tried/Experimented
Opium	____/____	_____
LSD	____/____	_____
Methamphetamine	____/____	_____
Ecstasy	____/____	_____
Any Other Illegal Substance	____/____ identify	_____

I certify that the information provided on this questionnaire is correct and complete to the best of my knowledge. I further certify that I was not asked any information concerning use of the substances listed on this questionnaire other than that contained in the questionnaire. I understand that any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process.

\_\_\_\_\_  
Signature of Applicant                      Date