

# DRUG QUESTIONNAIRE

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## 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 U.S. Department of Justice, Drug Enforcement Administration (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.

The Drug Enforcement Administration (DEA) is charged with enforcing the Controlled Substances Act. Thus, the use of drugs by DEA employees which is illegal under the Controlled Substances Act is not tolerated. In addition, applicants for employment with DEA who are found, through investigation or admission, to have experimented with or used drugs, in violation of the Controlled Substances Act, will not be considered for employment with the DEA. Exceptions to this policy may be made for applicants who admit to limited youthful, experimental use of marijuana. Such applicants may be considered for employment if there is no evidence of regular illegal drug use, and if the results of the full-field background investigation and other steps in the employment process are favorable.

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

Date of Birth \_\_\_\_\_

### Instructions

All applicants for employment with DEA must complete this form and submit it as part of their employment applications. Indicate the date, if any, on which you last used each substance. Do not include any instance in which the substance was prescribed, administered, or dispensed for you by a duly authorized physician for treatment of a legitimate medical condition. DEA will not use, or disclose for use, as evidence against you in a criminal proceeding, your truthful responses nor information derived from your truthful responses.

Substances	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

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

Substances	Approximate Month/Year You Last Used/Tried/ or Experimented with 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

**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 U.S. Department of Justice, Drug Enforcement Administration (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 Morrisette 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 OMB control number.