DRUG USE STATEMENT

NAME: LAST_____ FIRST_____ MIDDLE _____
DIVISION/CONTRACT:_____ SSN:_____

As an applicant for a position with the Drug Enforcement Administration (DEA), any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

_____ (initials) I understand that I must provide truthful information to DEA regarding all drug use, attempted use, and/or experimentation of any illegal narcotics or dangerous drugs which have not been prescribed by a duly licensed physician, as well as any marijuana usage, regardless of my age or circumstances at the time of use, attempted use, and/or experimentation. I understand that I will be questioned regarding the information I provided. I understand that any omissions or inaccuracies between the information may preclude me from further consideration from DEA employment.

_____ (initials) I understand that my responses to the drug questions are to be used to determine eligibility and suitability for DEA employment. I also understand that my answers will not be used in any criminal proceedings against me, and that any declination to respond to the drug questions will be noted in my application record.

_____ (initials) By the words "use", "attempted use" and "experimentation", I understand that DEA is asking me to disclose any and all experiences with illegal narcotics or dangerous drugs, to include any act or attempted act of trying, smoking, ingesting, tasting, inhaling, injecting, puffing or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance.

_____ (initials) By the word "occasion" I understand that DEA is asking me to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana. For example, if I was at a party and during the occasion I took a puff on three separate marijuana cigarettes, DEA will consider that one use. If I went to another party the same night and again puffed on three marijuana cigarettes, that would constitute a second use.

_____ (initials) I understand that if I answer "yes" to any of the following drug questions, I must attach a fully comprehensive statement that is typed, signed and dated.

PRIVACY ACT STATEMENT

GENERAL: Pursuant to Public Law 93-479 (Privacy Act of 1974), the information is provided for employment purposes. Collection of the social security number is authorized by Executive Order 9397 to help identify individuals because other people may have the same name. AUTHORITY: E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. 1303-1305; 42 U.S.C. 2165 and 2455; 22 U.S.C. 2585 and 2519; and 5 U.S.C 3301. EFFECT: Failure to provide the necessary information could preclude your suitability for a security clearance or access to sensitive information

NAME:_____SSN:_____

QUESTION #1 - HAVE YOU EVER USED, TRIED, TASTED, OR EXPERIMENTED WITH ANY ILLEGAL NARCOTICS OR DANGEROUS DRUGS TO INCLUDE MARIJUANA? (please check) YES ( ) NO ( ) IF YOU ANSWERED YES TO QUESTION #1, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING EACH OCCASION OF DRUG USE, ATTEMPTED USE, AND/OR EXPERIMENTATION COVERING EACH OF QUESTIONS 1A-H LISTED BELOW. YOUR ATTACHED STATEMENT MUST BE TYPED, SIGNED, AND DATED.

A. WHAT WAS/WERE THE DRUG(S)?

B. ON HOW MANY OCCASIONS? NOTE: IF YOU CANNOT BE SPECIFIC AS TO THE EXACT NUMBER OF OCCASIONS, ANSWER THE FOLLOWING: ON AT LEAST _____ OCCASIONS, BUT NOT MORE THAN _____.

C. DATE FIRST USED/TRIED/EXPERIMENTED?

D. DATE LAST USED/TRIED/EXPERIMENTED?

E. HOW WAS IT OBTAINED?

F. WHERE WAS IT USED/TRIED/EXPERIMENTED?

G. IN WHAT SETTING?

H. REASON FOR USE/TRY/EXPERIMENTATION?

QUESTION #2 - HAVE YOU EVER USED MARIJUANA THAT HAS BEEN LEGALLY PRESCRIBED TO YOU BY A DULY LICENSED PHYSICIAN? (please check) YES ( ) NO ( )

QUESTION #3 - HAVE YOU EVER PURCHASED, FURNISHED, PROVIDED, SOLD, SUPPLIED, MANUFACTURED, PRODUCED, TRANSPORTED, OR OTHERWISE TRAFFICKED IN ANY ILLEGAL NARCOTIC OR DANGEROUS DRUG, TO INCLUDE MARIJUANA? (please check) YES ( ) NO ( )

_____ (initials)

PRIVACY ACT STATEMENT

GENERAL: Pursuant to Public Law 93-479 (Privacy Act of 1974), the information is provided for employment purposes. Collection of the social security number is authorized by Executive Order 9397 to help identify individuals because other people may have the same name. AUTHORITY: E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. 1303-1305; 42 U.S.C. 2165 and 2455; 22 U.S.C. 2585 and 2519; and 5 U.S.C. 3301. EFFECT: Failure to provide the necessary information could preclude your suitability for a security clearance or access to sensitive information.

NAME:_____ SSN:_____

QUESTION #4 - HAVE YOU EVER ABUSED OR SOLD ANY LICIT (LEGAL) DRUGS, CHEMICALS, PARAPHERNALIA, OR ADDICTIVE SUBSTANCES, NOT TO INCLUDE ALCOHOL? (please check) YES ( ) NO ( )

QUESTION #5 - HAVE YOU EVER PROVIDED DRUG HISTORY INFORMATION TO THE MILITARY, YOUR PRESENT EMPLOYER, OR A PROSPECTIVE EMPLOYER THAT DIFFERS FROM THE DRUG HISTORY INFORMATION YOU ARE NOW PROVIDING TO DEA? (please check) YES ( ) NO ( )

QUESTION #6 - DO YOU FORESEE ANY CONFLICT OF INTEREST BETWEEN YOUR PERSONAL HABITS AND BELIEFS AND THE DEA MISSION, WHICH IS TO PROVIDE A DRUG-FREE ENVIRONMENT? (please check) YES ( ) NO ( )

IF YOU ANSWERED YES TO QUESTIONS #2-6, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES. YOUR ATTACHED STATEMENT MUST BE TYPED, SIGNED, AND DATED.

I HAVE BEEN FULLY TRUTHFUL IN MY ANSWERS AND STATEMENTS TO THE ABOVE QUESTIONS AND HAVE DISCLOSED ALL DRUG USE, ATTEMPTED USE, AND/OR EXPERIMENTATION DURING MY LIFETIME.

_____ _____

APPLICANT (SIGNATURE) DATE

_____ _____

WITNESS (SIGNATURE) DATE

PRIVACY ACT STATEMENT

GENERAL: Pursuant to Public Law 93-479 (Privacy Act of 1974), the information is provided for employment purposes. Collection of the social security number is authorized by Executive Order 9397 to help identify individuals because other people may have the same name. AUTHORITY: E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. 1303-1305; 42 U.S.C. 2165 and 2455; 22 U.S.C. 2585 and 2519; and 5 U.S.C. 3301. EFFECT: Failure to provide the necessary information could preclude your suitability for a security clearance or access to sensitive information.