

Drug Enforcement Administration

Applicant Drug Use Statement

Privacy Act Notice

Providing this information, including your Social Security Number, 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), and E.O. 9397 (Social Security Number). The principal purposes for which the information will be used are to evaluate your continuation in the hiring process 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 the 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 result in the withdrawal of your conditional offer of employment at DEA.

Name: Last _____ First _____ Middle _____

SSN: _____ Date of Birth: _____

As an applicant for a position with the Drug Enforcement Administration (DEA), all prior illegal drug use, including experimentation, must be disclosed. **All use, attempted use, or ingestion of marijuana, tetrahydrocannabinol (THC), or synthetic/designer drugs, under any circumstances, must be disclosed.** With regard to drugs other than marijuana, do not include instances in which drugs were prescribed, administered, or dispensed to you 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 the DEA regarding all information requested on this form. I understand that I will be questioned and may be polygraphed regarding the information I provide. I understand that any omissions or discrepancies between the information I provide and what is learned during the hiring process may preclude me from further consideration for DEA employment.

Initials I understand that my responses on this form and any previous responses to the DEA or any other employment application will be used to determine my continuation in the hiring process for employment with the DEA. I also understand that my answers will not be used in any criminal proceeding against me. I understand that failure to respond to each question on this form may result in withdrawal of my conditional offer of employment.

Initials By the words "use," "attempted use," "ingestion," and "experimentation," I understand that the DEA is asking me to disclose any and all experiences with synthetic/designer drugs, illegal narcotics, or dangerous drugs, to include any act of smoking, ingesting, tasting, inhaling, injecting, puffing, or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance. This includes all use or ingestion of marijuana, THC, and use of prescription drugs not prescribed, administered, or dispensed to me by a duly licensed physician for treatment of a legitimate medical condition.

Revised March 2015
All previous versions are obsolete.

Initials

Name: _____ SSN: _____ Date of Birth: _____

Initials

By the word "occasion," I understand that the DEA is asking me to disclose each event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana, THC, or synthetic/designer drugs. This includes all use or ingestion of marijuana and use of prescription drugs not prescribed, administered, or dispensed to me by a duly licensed physician for treatment of a legitimate medical condition. For example, if I was at a party during which I took a puff on three separate marijuana cigarettes, the DEA will consider that one occasion. If I went to another party the same night and again puffed on three marijuana cigarettes, the DEA will consider that a second occasion.

Initials

I understand that if I answer "Yes" to any of the following questions, I must attach a comprehensive statement that is signed and dated.

Question # 1 – Have you ever used, tried, tasted, ingested, or experimented with any illegal narcotic or dangerous drug, to include marijuana, THC, and synthetic/designer drug under any circumstances? (Please check) YES () NO () If you answered YES, attach a comprehensive statement answering questions A-E. Your attached statement must be signed and dated.

- A. List each drug you used/tried/tasted/ingested/experimented.
- B. For each drug you listed, on how many occasions did you use it? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least _____ occasions, but not more than ____ occasions.
- C. List the date and fully describe the circumstances of each occasion you ever used, tried, tasted, ingested, or experimented with any narcotic or dangerous drug, to include marijuana, THC, and synthetic/designer drug.
- D. For each occasion listed, how was it obtained?
- E. For each occasion listed, what was the reason you used/tried/tasted/ingested/experimented with it?

Question #2 – Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug, to include marijuana, THC, and synthetic/designer drug? (Please check) YES () NO () If you answered YES, attach a comprehensive statement describing the date and circumstance of each occasion. Your attached statement must be signed and dated.

Question #3 – Have you ever abused any legal drug, chemical or addictive substance, excluding alcohol? (Please check) YES () NO () If you answered YES, attach a comprehensive statement describing the date and circumstance of each occasion. Your attached statement must be signed and dated.

Revised March 2015
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Initials

Name: _____ SSN: _____ Date of Birth: _____

Question #4 – Have you ever sold or furnished a prescription drug? (Please check) YES () NO () If you answered YES, attach a comprehensive statement describing the date and circumstance of each occasion. Your attached statement must be signed and dated.

Question #5 – Have you ever used or purchased for your use a prescription drug which was not prescribed to you by a duly licensed physician for a legitimate medical condition? (Please check) YES () NO () If you answered YES, attach a comprehensive statement describing the date and circumstance of each occasion. Your attached statement must be signed and dated.

Question #6 – Have you ever provided drug history information to the military or any past, present, or prospective employer that differs from the drug history information you are now providing to the DEA? (Please check) YES () NO () If you answered YES, attach a comprehensive statement explaining all circumstances. Your attached statement must be signed and dated.

Question #7 – Do you foresee any conflict of interest between your personal habits and beliefs and the DEA’s mission to enforce the Controlled Substances Act? (Please check) YES () NO () If you answered YES, please explain. Your attached statement must be signed and dated.

I have been truthful in my answers and statements to the above questions and have disclosed all requested information.

Applicant Signature

Date

Initials