

## DRUG QUESTIONNAIRE

OMB No. 1117-0043  
 Expiration Date: 1/31/2024  
 Previous Versions Obsolete

The Drug Enforcement Administration (DEA) is charged with enforcing the Controlled Substances Act (CSA). Thus, the use of drugs and drug abuse by DEA employees and contractors is not tolerated. Applicants for DEA employment, and contractor personnel offered on DEA contracts, must disclose their current and past drug usage and activity. Individuals who are currently using illegal drugs or abusing legal drugs or substances, will not be selected for employment or be eligible to work on DEA contracts. Some otherwise qualified applicants may have used illegal drugs, or abused legal drugs or substances, at some point in their past. The application of DEA's drug use policy guidelines, in conjunction with a case-by-case analysis, will determine if an applicant's prior drug usage or activity will result in the applicant's non-selection for employment with the DEA. Absent mitigating circumstances, an applicant will not be selected for employment if he or she used (or ingested anything containing) marijuana within the three (3) years preceding the date of the application for employment; or used any illegal drugs other than marijuana, within the ten (10) years preceding the date of the application for employment. An applicant who deliberately misrepresents his or her drug history will not be selected for employment.

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. With the exception of Marijuana, 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. Please include any Hemp or Cannabidiol (CBD) use, if used before 12/20/2018.\* 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 You Have Never Used/Used/Tried/Experimented
	Month	Year	
Marijuana (Whether Medicinal or Not)*			
Hashish/Hash Oil			
Cocaine/Crack			
Heroin			
Fentanyl			
PCP			
Opium			
Methamphetamine			
Ecstasy			
Any Other Illegal Substance (Please Identify) _____			
Prescription Drugs (Not prescribed to applicant) (Please Identify) _____			

\* As defined at 7 U.S.C. § 1639o(1).

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 from further consideration in the hiring process.

\_\_\_\_\_

**Last Name**                      **First**                      **MI**                      **Date of Birth**

\_\_\_\_\_

**Signature of Applicant**                      **Date**

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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 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.

## 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 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 Office of Management and Budget (OMB) control number.

Initials: \_\_\_\_\_