

## 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:**

\_\_\_\_\_ I understand that I must provide truthful information to DEA regarding all drug use,  
(initials) attempted drug use, and/or experimentation of any illegal narcotics or dangerous drugs that 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 provide. I understand that any omissions or inaccuracies between the information may preclude me from further consideration from DEA employment.

\_\_\_\_\_ I understand that my responses to the drug questions are to be used to determine  
(initials) 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.

\_\_\_\_\_ By the words “*use*,” “*attempted use*,” and “*experimentation*,” I understand that DEA is  
(initials) 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.

\_\_\_\_\_ By the word “*occasion*” I understand that DEA is asking me to disclose each occasion  
(initials) 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.

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

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, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions 1A through 1H listed below. Your attached statement must be typed, signed, and dated.

1A. What was/were the drug(s)?

1B. 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 \_\_\_\_.

1C. Date first used/tried/experimented?

1D. Date last used/tried/experimented?

1E. How was it obtained?

1F. Where was it used/tried/experimented?

1G. In what setting?

1H. 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 ( )

**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 ( )

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

If you answered *YES* to any of 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