

**Supplemental Form to  
Questionnaire for Designated Law Enforcement/Sensitive Positions**

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

**Illegal Use of Drugs and Drug Activity**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by . The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substances activity in accordance with federal laws, even though permissible under state laws.

In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Yes                      No (If NO, proceed to next question)

Complete the following if you answered "Yes" to in the last seven (7) years, have you illegally used any drugs or controlled substance.		
Provide the type of drug or controlled substance.  Cocaine; crack cocaine (rock, freebase, etc.) THC (marijuana, weed, pot, hashish, etc.) Ketamine (special K, jet, etc.) Hallucinogenics (LSD, PCP, mushrooms, etc.) Inhalants (toluene, amyl nitrate)	Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.) Depressants (barbiturates, methaqualone, tranquilizers, etc.) Narcotics (opium, morphine, codeine, heroin) Steroids (clear, juice, etc.) Other (Provide explanation)	
Provide an estimate of the month and year of first use. (Month/Year)  <div style="text-align: right;">Est.</div>	Provide an estimate of the month and year of most recent use. (Month/Year)  <div style="text-align: right;">Est.</div>	Provide nature of use, frequency, and number of times used.
Was your use while you were employed as a law enforcement officer, prosecutor, courtroom official, or while in a position directly and immediately affecting the public safety?		Yes      No
Was your use while possession a security clearance?		Yes      No
Do you intend to use this drug or controlled substance in the future?		Yes      No
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.		

**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Illegal Use of Drugs and Drug Activity**

In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? Yes      No (If NO, proceed to next question)

Complete the following if you answered "Yes" to n the last seven (7) years, having you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance.

Provide the type of drug or controlled substance. Cocaine; crack cocaine (rock, freebase, etc.) THC (marijuana, weed, pot, hashish, etc.) Ketamine (special K, jet, etc.) Hallucinogenics (LSD, PCP, mushrooms, etc.) Inhalants (toluene, amyl nitrate)	Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.) Depressants (barbiturates, methaqualone, tranquilizers, etc.) Narcotics (opium, morphine, codeine, heroin) Steroids (clear, juice, etc.) Other (Provide explanation
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Provide an estimate of the month and year of first use. (Month/Year)  <p align="right">Est.</p>	Provide an estimate of the month and year of most recent use. (Month/Year)  <p align="right">Est.</p>	Provide nature of use, frequency, and number of times used.
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Was your involvement while you were employed as a law enforcement officer, prosecutor, courtroom official, or while in a position directly and immediately affecting the public safety?	Yes      No
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Was your use while possession a security clearance?	Yes      No
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Provide explanation.
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**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Illegal Use of Drugs and Drug Activity**

Have you EVER illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed? Yes      No (If NO, proceed to next question)

Complete the following if you responded "Yes" to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing security clearance other than previously listed.

#1 Provide a description of your involvement.	
Provide the dates of involvement/use.	
From date (Month/Year)	To Date (Month/Year)
Est.	Est.
Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.	

Complete the following if you responded "Yes" to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing security clearance other than previously listed.

#2 Provide a description of your involvement.	
Provide the dates of involvement/use.	
From date (Month/Year)	To Date (Month/Year)
Est.	Est.
Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.	

Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? Yes      No (If NO, proceed to next question)

Complete the following if you responded "Yes" to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing security clearance other than previously listed.

#1 Provide a description of your involvement.	
Provide the dates of involvement/use.	
From date (Month/Year)	To Date (Month/Year)
Est.	Est.
Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.	

Complete the following if you responded "Yes" to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing security clearance other than previously listed.

#2 Provide a description of your involvement.	
Provide the dates of involvement/use.	
From date (Month/Year)	To Date (Month/Year)
Est.	Est.
Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.	

**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Illegal Use of Drugs and Drug Activity**

In the last seven (7) years, have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? Yes      No (If NO, proceed to next question)

Complete the following if you answered "Yes" in the last seven (7) years, having intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else				
#1 Provide a description of your involvement.				
Provide the dates of involvement/use.		Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.		
From date (Month/Year)	To Date (Month/Year)			
Est.	Est.			
Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?				Yes      No
Was your involvement while possessing a security clearance?				Yes      No

#2 Provide a description of your involvement.				
Provide the dates of involvement/use.		Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.		
From date (Month/Year)	To Date (Month/Year)			
Est.	Est.			
Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?				Yes      No
Was your involvement while possessing a security clearance?				Yes      No

#3 Provide a description of your involvement.				
Provide the dates of involvement/use.		Provide an estimate of the number of times used and/or were involved with this drug or controlled substance while possessing a security clearance.		
From date (Month/Year)	To Date (Month/Year)			
Est.	Est.			
Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?				Yes      No
Was your involvement while possessing a security clearance?				Yes      No

**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Illegal Use of Drugs and Drug Activity**

Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? Yes    No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

#1 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

An employer, military commander, or employee assistance program  
 A medical professional  
 A mental health professional

A court official/judge  
 I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Provide explanation:

Did you take action to receive counseling or treatment?

Yes (If Yes, complete (a))

No (If No, complete (b))

(a) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance.

Cocaine; crack cocaine (rock, freebase, etc.)  
 THC (marijuana, weed, pot, hashish, etc.)  
 Ketamine (special K, jet, etc.)  
 Hallucinogenics (LSD, PCP, mushrooms, etc.)  
 Inhalants (toluene, amyl nitrate)

Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.)  
 Depressants (barbiturates, methaqualone, tranquilizers, etc.)  
 Narcotics (opium, morphine, codeine, heroin)  
 Steroids (clear, juice, etc.)  
 Other (Provide explanation)

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider.

Street | City | State | Zip Code

Provide a telephone number for the treatment provider.

Provide the dates of treatment

From Date | To Date  
 Est. | Est.

Did you successfully complete the treatment?

Yes    No (Provide explanation)

(b) You have indicated that you did not receive treatment.

Provide explanation.

**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Illegal Use of Drugs and Drug Activity**

Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? Yes      No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

#1 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

- An employer, military commander, or employee assistance program
- A medical professional
- A mental health professional

A court official/judge  
I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Provide explanation:

Did you take action to receive counseling or treatment?

Yes (If Yes, complete (a))

No (If No, complete (b))

You have indicated that you did receive treatment.

Provide the type of drug or controlled substance.

- Cocaine; crack cocaine (rock, freebase, etc.)
- THC (marijuana, weed, pot, hashish, etc.)
- Ketamine (special K, jet, etc.)
- Hallucinogenics (LSD, PCP, mushrooms, etc.)
- Inhalants (toluene, amyl nitrate)

- Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.)
- Depressants (barbiturates, methaqualone, tranquilizers, etc.)
- Narcotics (opium, morphine, codeine, heroin)
- Steroids (clear, juice, etc.)
- Other (Provide explanation

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider.

Street

City

State

Zip Code

Provide a telephone number for the treatment provider.

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Provide the dates of treatment

From Date

To Date

Est.

Est.

Did you successfully complete the treatment?

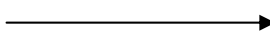
Yes      No (Provide explanation)

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

**After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).**

Certification		
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a law enforcement position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with <input type="text"/>.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the <input type="text"/>, and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
Signature	Printed Name	Date (mm/dd/yyyy)

Enter you Social Security Number before going to the next page 	<input type="text"/>
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