# 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 Yes No (If NO, proceed to next question) substances? Use of a drug or controlled substance incudes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Complete the following if you answered "Yes	" to in the last seven	n (7) years, have you illega	ally used any drugs or cont	rolled substa	nce.
Provide the type of drug or controlled substant	nce.				
Cocaine; crack cocaine (rock, freebase, etc.)		Stimulants (amphe	etamines, speed, crystal me	eth, ecstasy,	etc.)
THC (marijuana, weed, pot, hashish, e	etc.)	Depressants (barb	iturates, methaqualone, tra	anquilizers, e	tc.)
Ketamine (special K, jet, etc.)		Narcotics (opium,	morphine, codeine, heroin)	·	-
Hallucinogenics (LSD, PCP, mushroon	ns, etc.)	Steroids (clear, jui	•		
Inhalants (toluene, amyl nitrate)		Other (Provide exp			
Provide an estimate of the month and year of first use. (Month/Year)	Provide an estimate most recent use. (M	of the month and year of onth/Year)	Provide nature of use, freque of times used.	lency, and nu	mber
Est.		Est.		1	
Was your use while you were employed as a law directly and immediately affecting the public safet		prosecutor, courtroom official	, or while in a position	Yes	No
Was your use while possession a security clearar					
				Yes	No
Do you intend to use this drug or controlled subst	ance in the luture?			Yes	No
Provide explanation of why you intend or do not in	ntend to use this drug	or controlled substance in th	e future.		

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

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

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 substar	nce.				
Cocaine; crack cocaine (rock, freebase, etc.)		Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.			
THC (marijuana, weed, pot, hashish, etc	c.)	Depressants (barbi	turates, methaqualone, tra	nquilizers, et	с.)
Ketamine (special K, jet, etc.)		Narcotics (opium, n	norphine, codeine, heroin)	·	
Hallucinogenics (LSD, PCP, mushrooms, etc.)		Steroids (clear, juic	e, etc.)		
Inhalants (toluene, amyl nitrate)		Other (Provide expl	anation		
Provide an estimate of the month and year of first use. (Month/Year) Est.	5		Provide nature of use, frequencies of times used.	uency, and nu	mber
		Est.			
Was your involvement while you were employed a position directly and immediately affecting the put		officer, prosecutor, courtroor	n official, or while in a	Yes	No
Was your use while possession a security clearar	nce?			103	NO
				Yes	No
Provide explanation.					

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

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

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

# I Provide a description	or your involvement.

From date (Month/Year) To Date (Month/Year)	Provide the dates of involvement	t/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.
	rom date (Month/Year)	To Date (Month/Year)		
Est. Est.	Est	E	st.	

# 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. 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.

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 i	nvolvement.					
Provide the dates of involvement	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.					
Complete the following if you responded "Yes" to having EVER illegally used or otherwise been illegally involved with a drug or						
controlled substance while pos	ssessing security clearance other th	nan previously listed.				
#2 Provide a description of your i	nvolvement.					

1 5			
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.	

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

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

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 i	involvement.			
Provide the dates of involvement/use.		Provide an estimate of the number of times used and/or withis drug or controlled substance while possessing a sec		
From date (Month/Year)	To Date (Month/Year)		5	
Est.	Est.			
		officer, prosecutor, or courtroom official, or while in a		
position directly and immediately	affecting the public safety?		Yes	No
Was your involvement while poss	sessing 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)		5				
Est.	Est.						
		officer, prosecutor, or courtroom official, or while in a					
position directly and immediately	affecting the public safety?		Yes	No			
Was your involvement while poss	sessing a security clearance?						
			Yes	No			

Questionnaire Continuation									
Last Name First Name		Middle Name		Jr., II, e	tc.	La	ast 4 - Soci	al Security	y Number
Illegal Use of Drugs and Drug Activity									
linegal use of Drugs and Drug Activity									
Have you EVER been ordered, advised, o	r asked to se	ek counseling	or		Yes	No (l	f NO, pro	ceed to	next question)
treatment as a result of your illegal use of	drugs or con	trolled substan	ces?						
Complete the following if you answered "Yes" to ha	aving EVER be	en ordered advis	ed or a	asked to	seek	counseline	n or treatm	ient as a	result of your
illegal use of drugs or controlled substances?	0								2
#1 Have any of the following ordered, advised, or a substances?	asked you to se	ek counseling or	treatme	ent as a r	result	of your ille	egal use of	f drugs o	r controlled
An employer, military commander, or em	nlovoo assist	anco program		A court	offic	ial/judge			
	ipioyee assist	ance program					od odvic	od or a	ckad to cook
A medical professional						or treatme			sked to seek above.
A mental health professional					5		<b>,</b> ,	,	
Provide explanation:									
Did you take action to receive counseling or treatm	nent?						Ye	es (If Ye	s, complete (a))
								•	o, complete (b))
(a) You have indicated that you did receive treatme	ent.								
Provide the type of drug or controlled substan	ce.								
Cocaine; crack cocaine (rock, freebase,	etc.)		Stimula	ants (am	nphet	tamines, s	speed, cr	ystal me	th, ecstasy,
THC (marijuana, weed, pot, hashish, etc.)					-				
Ketamine (special K, jet, etc.)			Depres	ssants (I	barbi	turates, m	ethaqual	one, tra	nquilizers, etc.)
Hallucinogenics (LSD, PCP, mushrooms, etc.) Narcotics (opium, morphine, codeine, heroin)									
Inhalants (toluene, amyl nitrate) Steroids (clear, juice, etc.)									
Other (Provide explanation									
Provide the name of the treatment provider.		<b>I</b>							
Last name	First name								
Provide the address for this treatment provide							1		1
Street	City						State		Zip Code
Provide a telephone number for the treatment	provider.				Provi	ide the da	tes of tre	atment	
					From	n Date		To Da	te
							Est.		Est.
Did you successfully complete the treatment? Yes No (Provide explanat					ide 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		

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

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 er	nployee assistance	A cour	t official/ju	udge			
program A medical professional		I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.					
A mental health professional		5		, <u>,</u>			
Provide explanation:					T		
Did you take action to receive counseling or treatr	nent?				Ye	es (If Ye	es, complete (a))
						No (If N	o, complete (b))
You have indicated that you did receive treatment							
Provide the type of drug or controlled substar							
			Stimulants (amphetamines, speed, crystal meth, ecstasy, etc.)				
Ketamine (special K, jet, etc.)		, Depressants (barbiturates, methaqualone, tranquilizers, etc.)					
			Narcotics (opium, morphine, codeine, heroin)				
Inhalants (toluene, amyl nitrate) Steroid			Steroids (clear, juice, etc.)				
		Other (Provid	le explan	ation			
Provide the name of the treatment provider.							
Last name	First name						
Provide the address for this treatment provide	er.						
Street	City				State		Zip Code
Provide a telephone number for the treatmen	t provider.		Provide	the da	tes of tre	atment	
( )			From Da	ate		To Da	te
					Est.		Est.
Did you successfully complete the treatment?							
					res N	lo (Prov	ide 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, <u>and then</u> sign and date the following certification and the attached release(s).

Certification
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
I understand my right to obtain a copy of any national criminal history report made available to the , and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.

Signature Printed Name		Date (mm/dd/yyyy)
Enter you Social Security Number before going	to the next page	