



U.S. Department of Justice

United States Marshals Service

*Human Resources Division*

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*Washington, DC 20530-1000*

**ILLEGAL DRUG USE QUESTIONNAIRE FOR APPLICANTS**

**1. Are you now using or have you ever used any controlled substances/illegal drugs?**  
Yes \_\_\_ No \_\_\_

**A. Please provide information concerning the date and circumstances when you first used illegal drugs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Please specify any and all illegal drugs you have ever used.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Please specify how often you have used each illegal drug listed above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Please specify the last time you used each illegal drug listed above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Have you had any treatment for drug usage? (If none, please state so.) If so, please specify dates, treatment facility and name of attending medical care provider.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been involved in the sale of any illegal drugs or controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been arrested or questioned in the sale of any illegal drugs or controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide any additional information/comments you have concerning this matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT OF JUSTICE'S DRUG POLICY**

The illegal use or sale of drugs by an employee of the Department of Justice shall not be condoned.

**CERTIFICATION**

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. In addition, I certify that I have read and understand the Department of Justice's policy regarding drug-related activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Date