



U.S. Immigration  
and Customs  
Enforcement

(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Department of Homeland Security  
Federal Protective Service  
Contract Suitability Adjudication Branch  
ATIN: (name)  
800 N. Capitol Ave, NW, Suite 500  
Washington, DC 20536

SUBJECT: Security/Suitability Questionnaire Regarding Alcohol Use

**WARNING - A false answer to any of the written questions below may be grounds for terminating your employment in a sensitive position with the Department of Homeland Security, and may be punishable by fine or imprisonment. All of the information you give will be considered in reviewing your case and is subject to further investigation. (18 U.S. Code, Section 1001.)**

Please provide your responses to the following questions concerning alcohol use. Then complete the certification. You should provide sufficient detail to explain your particular situation, while directly addressing each area of concern. You may use additional sheets if necessary. Should you voluntarily decline to provide answers, complete the declination at the end of this form.

1 What is the extent of your current alcohol use?

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

2 Has the use of alcohol ever affected your past or present job performance or resulted in the loss of a job?  
YES \_\_\_ NO \_\_\_ If yes, provide details.

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

3 Has the use of alcohol ever resulted in an arrest or traffic citation? YES \_\_\_ NO \_\_\_ If yes, explain when, where, why, and by whom.

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

4. Has the use of alcohol ever resulted in a vehicle accident? YES \_\_\_\_ NO \_\_\_\_ If yes, explain where, when and the specific circumstances.

5 Have you ever sought professional or non-professional treatment for alcohol use?  
YES \_\_\_\_ NO \_\_\_\_ If yes, specify dates, treatment facility or facilities, program(s) attended, medication(s) prescribed, and the name(s) and address(es) of care provider(s)

**CERTIFICATION** - I hereby certify that all of the statements made on these pages are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DECLINATION** - I hereby decline the right to answer the above questions. I understand that by doing so, the DHS Office of Professional Responsibility will make a determination of my eligibility for employment, continued employment, or security determination based on the investigative information available.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE