



U.S. Immigration  
and Customs  
Enforcement

XXXX

TO:

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

SUBJECT: Security/Suitability Questionnaire Regarding Drug/Controlled Substance Involvement

**DEPARTMENT OF HOMELAND SECURITY DRUG POLICY - The illegal use, sale, possession, transfer, or manufacture of any controlled substance/illegal drug by an employee of the Department of Homeland Security and its components will not be condoned.**

**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 drug usage. 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.

I Are you now using/abusing and/or have you ever used/abused any controlled substances or illegal drugs?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please answer the following:

a. Provide information concerning the date and circumstances when you first used/abused illegal drugs or controlled substances

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

b. Specify any and all illegal drugs/controlled substances you have ever used/abused.

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

c. Specify the frequency you used/abused the illegal drugs/controlled substances listed above?

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

d. When was the last time you used/abused each of the illegal drugs/controlled substances listed above?

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e. Have you ever sought professional or non-professional treatment for drug/controlled substance use/abuse?

YES \_\_\_\_ NO \_\_\_\_ If yes, specify dates, treatment facility or facilities, program(s) attended, medication(s) prescribed, and the name(s) and address(s) of care provider(s)

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

YES \_\_\_\_ NO \_\_\_\_ If yes, provide details.

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3. Have you ever been arrested or, charged with, indicted for, or convicted of drug/controlled substance related offenses?

YES \_\_\_\_ NO \_\_\_\_ If yes, please provide details

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

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**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. I certify that I have read and understand the above stated Department of Homeland Security policy regarding drug related activity.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE