

<b>24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY</b>  The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.	<b>Yes</b>	<b>No</b>
<b>a</b> Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
<b>b</b> Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?		
<b>c</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?		

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

<b>25 YOUR USE OF ALCOHOL</b>  In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	<b>Yes</b>	<b>No</b>

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

<b>26 YOUR INVESTIGATIONS RECORD</b>  <b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.	<b>Yes</b>	<b>No</b>

<b>Codes for Investigating Agency</b> 1 - Defense Department      4 - FBI 2 - State Department        5 - Treasury Department 3 - Office of Personnel Management    6 - Other ( <i>Specify</i> )	<b>Codes for Security Clearance Received</b> 0 - Not Required      3 - Top Secret      6 - L 1 - Confidential      4 - Sensitive Compartmented Information    7 - Other 2 - Secret            5 - Q
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Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

<b>b</b> To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	<b>Yes</b>	<b>No</b>

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

<b>27 YOUR FINANCIAL RECORD</b>  <b>a</b> In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? <b>b</b> In the last 7 years, have you had your wages garnished or had any property repossessed for any reason? <b>c</b> In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts? <b>d</b> In the last 7 years, have you had any judgments against you that have not been paid?	<b>Yes</b>	<b>No</b>

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →