**QUESTIONNAIRE FOR EMPLOYEES OR AFFECTS WHO WILL HAVE ACCESS TO SUBSTANCES REGULATED BY THE DRUG ENFORCEMENT ADMINISTRATION OF THE**

**UNITED STATES OF AMERICA**

**FLORIDA STATE UNIVERSITY**

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| The Drug Enforcement Administration requires that any person who will have access to controlled substances as a result of his or her status as an employee or agent of the Florida State University answer the following questions. Any false information or omission of information may jeopardize your position with respect to the University. Information revealed by this questionnaire will not necessarily preclude employment or educational status, but will be considered as part of an overall evaluation of your qualifications. The responses on this questionnaire will be held in the strictest confidence. | | | | | | | | | | | | | |
| 1. In the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor or are you presently charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of convictions, offense, location, date, and sentence. | | | | | | | | | | | | | |
|  | | Yes | | No | | | | | | | | | |
| 1. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. | | | | | | | | | | | | | |
|  | | Yes | | No | | | | | | | | | |
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|  | Employee Full Name (Print) | |  | Date of birth (MM-DD-YYYY) | |  | Last 4 digits of Social Security# |  | Driver’s license number | |  | State issued |  |
|  |  | |  |  |  |  | |  |  |  |  | |  |
|  | Employee Signature | |  | Today’s Date |  | Employee Street Address | |  | State |  | Zip Code | |  |
|  |  | |  |  | | | | | |  |  | |  |
|  | Principal Investigator Name (Print) | |  | Principal Investigator Signature | | | | | |  | Date | |  |

Revision May 2011