

Employee Questionnaire for Employees Who Will Have Access to Substances Regulated by the US Drug Enforcement Agency

The Drug Enforcement Agency requires that any person who will have access to controlled substances as a result of employment at Michigan State University answer the following questions. Any false information or omission of information may jeopardize your position with respect to employment. Information furnished in this questionnaire or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of your employment qualifications. The responses to this questionnaire will be held in the strictest of confidence.

1. Within the past five years, have you been convicted of a felony, or, within the past two years, 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.

Yes _____ No _____

If yes, furnish the details of conviction, offense, location, date and sentence.

2. In the past 3 years, have you knowingly used narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician?

Yes _____ No _____

If yes, furnish details.

I authorize Michigan State University to make inquires of courts and law enforcement agencies for possible pending charges or convictions. I understand that Michigan State University will maintain fair employment practices, will protect my right of privacy, and will assure that the results of such inquiries will be treated in confidence. In addition, I acknowledge that I am aware of the rules and the restrictions associated with the use of controlled substances as outlined in both State of Michigan (Michigan Act 368 of 1978 Public Health Code: Article Seven Controlled Substances ; Michigan Board of Pharmacy Administrative Rules: Controlled Substances) and federal regulations (Title 21 Code of Federal Regulations, Part 1300-1399; Title 21 United States Code (USC) Controlled Substances Act).

Employee Signature

Licensee/Registrant Signature

Employee Name (print)

Licensee/Registrant Name (print)

Date

Date