Iowa State University

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 Iowa 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 Iowa State University to make inquires of courts and law enforcement agencies for

possible pending charges or convictions. I understand that Iowa 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 Iowa (Iowa Act 124; and federal regulations (Title 21 Code of Federal Regulations, Part 1300‐1399; Title 21 United States Code (USC) Controlled Substances Act).

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Registrant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registrant Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_