EASTON POLICE DEPARTMENT
APPLICANT DRUG USAGE QUESTIONNAIRE

HAVE YOU EVER SOLD, EXPERIMENTED WITH, OR USED FOR PERSONAL CONSUMPTION ANY OF THE FOLLOWING DRUGS? IN THE EXPLANATION SPACE PROVIDED, LIST THE APPROXIMATE NUMBER OF THE TIMES USED AND THE DATE OF LAST USAGE.

1. MARIHUANA	**YES ( )**	**NO ( )**
EXPLAIN:		
2. LSD	**YES ( )**	**NO ( )**
EXPLAIN:		
3. P.C.P.	**YES ( )**	**NO ( )**
EXPLAIN:		
4. SPEED	**YES ( )**	**NO ( )**
EXPLAIN:		
5. COCAINE	**YES ( )**	**NO ( )**
EXPLAIN:		
6. CRACK	**YES ( )**	**NO ( )**
EXPLAIN:		
7. HEROIN	**YES ( )**	**NO ( )**
EXPLAIN:		
8. PSILOCYBIN (MUSHROOMS)	**YES ( )**	**NO ( )**
EXPLAIN:		
9. HASHISH	**YES ( )**	**NO ( )**
EXPLAIN:		
10. STEROIDS	**YES ( )**	**NO ( )**
EXPLAIN:		
11. ECSTASY	**YES ( )**	**NO ( )**

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EXPLAIN:		
12. INHALANTS	**YES ( )**	**NO ( )**
EXPLAIN:		
13. SYNTHETIC DRUGS	**YES ( )**	**NO ( )**
EXPLAIN:		
14. PRESCRIPTION DRUGS	**YES ( )**	**NO ( )**
EXPLAIN:		
15. ANY OTHER DRUG NOT MENTIONED	**YES ( )**	**NO ( )**
EXPLAIN:		

I HERBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION WILL CAUSE MY TERMINATION AND DISQUALIFICATION IN THE HIRING PROCESS.

DATE:	**PRINTED NAME:**	**SIGNATURE:**