Standard Form 85P-S (EG) Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: OMB No. 3206-0191 NSN 7540-01-368-7778 85-1700

Date

Supplemental Questionnaire for Selected Positions

INSTRUCTIONS

This form is supplemental to SF 85P, Questionnaire for Public Trust Positions, but is used only after an offer of employment has been made and when the information it requests is job-related and justified by business necessity. Other than this restriction to its use, this form has the same purposes and authorities described on SF 85P. The agency which gave you this form will tell you which questions to answer

Instructions for completing this form are the same as SF 85P: you must type or legibly print your answers in black ink, use State codes, etc. Be sure to sign and date the certification statement at the bottom of this page.

PUBLIC BURDEN INFORMATION: Public burden reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington DC 20415. Do not send your completed form to this address.

. A.I.	Enter your na	me exactly as it appears on y	our SF 85P, Questi	onnaire for Public	Trust Positions.		2 SOCIAL	SECURITY N	IUMB
st Name		First Name		Middle Name		Jr., II, etc.			
IDDLEMENTAL	LOUESTION								
YOUR USE OF		S AND DRUG ACTIVITY							
The following qu failure to do so c	estions pertain to ould be grounds	o the illegal use of drugs or drug for an adverse employment d as evidence against you in an	decision or action ag	ainst you, but neit				Yes	N
crack cocain	e, hashish, narce	ast 7 years, whichever is sho otics (opium, morphine, codeir PCP, etc.), or prescription drug	ne, heroin, etc.), am						
-		a controlled substance while ence; or while in a position direct				urtroom offici	al; while		
If you answered used.	"Yes" to any que	stion above, provide the date	e(s), identify the cont	trolled substance(s	s) and/or prescription	on drugs used	d, and the numb	er of times ea	ach w
Month/Year	Month/Year To	Controlled Substance/Prescription Drug Used Number of Times Used							
YOUR USE OF	s, has your use	of alcoholic beverages (such a	as liquor, beer, wine	e) resulted in any a	Icohol-related treat	tment or cour	nseling (such	Yes	1
In the last 7 year as for alcohol ab	ALCOHOL s, has your use ouse or alcoholism "Yes," provide the	n)? e dates of treatment and the i	name and address				reported in		
In the last 7 year as for alcohol ab If you answered Month/Year	rs, has your use ouse or alcoholism	n)?	name and address				.		N de
In the last 7 year as for alcohol ab If you answered Month/Year	ALCOHOL rs, has your use a use or alcoholist "Yes," provide the Month/Year	n)? e dates of treatment and the i	name and address				reported in		
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In the last 7 year as for alcohol ab If you answered Month/Year OYOUR MEDICAL In the last 7 year	ALCOHOL rs, has your use of use or alcoholism "Yes," provide the Month/Year To L RECORD rs, have you consure provider about	n)? e dates of treatment and the in Name/Address of Counselous Sulted with a mental health prout a mental health prout a mental health related con	name and address or or Doctor	of the counselor be	elow. Do not repea	at information	reported in Stat	e ZIP Coo	de
In the last 7 year as for alcohol ab If you answered Month/Year PYOUR MEDICAL In the last 7 year another health cafamily counseling	s, has your use a use or alcoholism "Yes," provide the Month/Year To L RECORD rs, have you consure provider aboug not related to v	n)? e dates of treatment and the in Name/Address of Counselous Sulted with a mental health prout a mental health prout a mental health related con	name and address or or Doctor ofessional (psychiat dition? You do not	of the counselor be rist, psychologist, have to answer "Y	counselor, etc.) or es" if you were onl	at information	reported in Stat	e ZIP Coo	de
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In the last 7 year as for alcohol ab If you answered Month/Year PYOUR MEDICAL In the last 7 year another health cate family counseling If you answered Month/Year	ALCOHOL rs, has your use or alcoholisr "Yes," provide the Month/Year To L RECORD rs, have you consare provider about not related to v "Yes," provide the Month/Year Month/Year	e dates of treatment and the name/Address of Counseld Sulted with a mental health protect a mental health related consolence by you.	name and address or or Doctor ofessional (psychiat addition? You do not name and address	of the counselor be rist, psychologist, have to answer "Y	counselor, etc.) or es" if you were onl	at information	reported in Stat Stat sulted with marital, grief, or	e ZIP Cod	de
In the last 7 year as for alcohol ab If you answered Month/Year PYOUR MEDICAL In the last 7 year another health cate family counseling If you answered Month/Year	ALCOHOL rs, has your use or alcoholisr "Yes," provide the Month/Year To L RECORD rs, have you consure provider about a poor related to your and the month/Year Month/Year To To	e dates of treatment and the name/Address of Counseld Sulted with a mental health protect a mental health related consolence by you.	name and address or or Doctor ofessional (psychiat addition? You do not name and address	of the counselor be rist, psychologist, have to answer "Y	counselor, etc.) or es" if you were onl	at information	reported in Stat Stat sulted with marital, grief, or	e ZIP Cod	de

Signature (Sign in ink)