

The Student Shuttle Drug Use Questionnaire

Last Name:	First Name:	Middle Name:	Suffix:	SSN:

The Student Shuttle has specific regulations and policies that an individual must be in compliance with before a determination can be made whether to hire. To ensure compliance with regulations and policies, you must respond to the below questions and sign and date this questionnaire.

This drug use questionnaire addresses your **lifetime** use of illegal controlled substance, including processing, purchasing, manufacturing, trafficking, transferring, and shipping of any controlled substance and includes marijuana, prescription drugs, and anabolic steroids.

1. Have you ever used and/or experimented with marijuana? Yes No (If yes, please respond to the below questions and be as specific as possible)

a. On how many occasions? (Provide one specific approximate number. If a range is provide, We will assume the highest number)

b. Year and/or your age when you first used/experimented? _____

c. Month and year when you last used/experimented? _____

2. Other than marijuana, have you ever used and/or experimented with any illegal controlled substance as defined above? Yes No

Name of Drug Used/Experimented	Number of Occasions Used (Provide One Specific Number)	Years and/or Your Age When First Used	Month and Year When You Last Used
a.			
b.			
c.			

3. Have you ever been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance to included marijuana? Yes No (If , provide circumstances and details)

4. Have you ever sought professional or non-professional treatment for drug/ controlled substance use/abuse? Yes No

5 Have you ever been arrested or charged with, indicted for or convicted of drug/ controlled substance related offense? Yes No (If yes, provide circumstances and details)

Signature

Date

