



State of California
 Department of Fish and Wildlife
 Law Enforcement Division
 1416 Ninth Street
 Sacramento, CA 95814
 916.653.8075

DRUG SCREENING QUESTIONNAIRE
Background Investigation Document

Applicant Name: _____ Date of Birth: _____ Age: _____

DRUG NAME OR DESCRIPTION	YES	NO	MONTH/YEAR of FIRST USE	MONTH/YEAR of LAST USE	HOW WAS DRUG USED OR INGESTED
Marijuana/Grass					
Hashish/Hash Oil					
Cocaine/Crack					
PCP					
Barbiturates					
Amphetamines					
Heroin					
Opium					
LSD/Acid					
Psilocybin/Fungus					
Mescaline/Peyote					
Thai Sticks					
Amyl Nitrate					
Illegal Pain Killers					
Toluene/Glue					
Methadone					
Phenobarbital					
Hallucinogenic Drugs					
GHB					
Ecstasy					
List Other Drug Use Below:					

I attest the above information is true, correct to the best of my ability. I understand that any drug use revealed and or omitted may be cause for disqualification.

Signature of Applicant: _____ Date: _____