

PERSONNEL SCREENING QUESTIONNAIRE – AUTHORIZED USER or SENIOR AUTHORIZED USER

Questionnaire for Cornell University Personnel Who Will Have Access to Substances Regulated by the U.S. Drug Enforcement Agency or New York State Department of Health
Cornell University at Ithaca, version 3/30/11

To comply with federal Drug Enforcement Agency guidance, Cornell University requires that all persons who will have access to controlled substances during work or research activities answer the following questions. By signing below, you authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. Any false information, omission of information, or misuse of controlled substances will jeopardize your position with the University. Information included herein will not preclude employment, but will be considered as part of the overall evaluation of qualifications in the application. The protection of an individual’s right to privacy will be upheld in all confidential inquiries.

Name: _____

Check one: Faculty Staff Student Other: _____

Lab/Office location: _____

Phone: _____

E-mail address: _____ Net ID: _____

Home address: _____

Date of Birth: _____

Social Security: _____

Driver License State/#: _____

Authorization (check one): Authorized User
 Senior Authorized User *(for PI under Institutional License only)*
 Material Manager *(May also be an Authorized or Senior Authorized User)*

1) Within the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor, or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses, or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence on an additional page.

Yes No

2) In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details on an additional page.

Yes No

Applicant signature: _____ Date: _____

Licensee or Senior Authorized User (Senior Authorized Users may only sign for Authorized Users) authorization for the person (identified above) to handle controlled substances:

Licensee/SAU signature: _____ Date: _____

Licensee/SAU signature: _____ Date: _____

NYSDOH License Number: Researcher 0401151 Teaching 0500315
DEA Registration Number: Researcher RC0432651 Teaching FC3419000