

Applicant Questionnaire

Are you a citizen of the United States?

- Yes
- No

By May 29, 2025, will you be at least 21 years of age or older?

- Yes
- No

Do you possess a high school diploma or General Equivalency Diploma (GED)?

- Yes
- No

Neck, hand/finger and facial tattoos are out of policy. If this applies to you, are you willing to remove them to meet hiring standards?

- Does not apply
- Yes
- No

Have you ever been convicted of a felony or an offense which would be a felony if committed in the state of Arizona?

- Yes
- No

Please select the option below which details any **Adderall** or similar drug usage within the last three (3) years **NOT** prescribed by a physician for the purpose of treating a medical condition.

- None
- 1 - 5 times
- 6 - 10 times
- 11 - 20 times
- 21 - 30 times
- More than 30 times

Please select the option below which details any **steroid or similar drug usage** within the last three (3) years **NOT** prescribed by a physician for the purpose of treating a medical condition.

- None
- 1 - 5 times
- 6 - 10 times
- 11 - 20 times
- 21 - 30 times
- More than 30 times

Have you ever sold, produced, cultivated, or transported marijuana, or any other illegal drug, for sale?

- Yes
- No

Have you used any marijuana products (e.g., THC extracts, cannabis, hashish, marijuana extracts, or marijuana edibles) legally or illegally within the last **six (6) months**?

- Yes
- No

Please select the option below which details your marijuana usage, (e.g., THC extracts, cannabis, hashish, marijuana extracts, or marijuana edibles) legally or illegally, within the last **two (2) years**.

- None
- 1 - 5 times
- 6 - 10 times
- 11 - 20 times
- 21 - 30 times
- More than 30 times

Please select the option below which details your marijuana usage, (e.g., THC extracts, cannabis, hashish, marijuana extracts, or marijuana edibles) legally or illegally, during your **lifetime**.

- None
- 1 to 5 times
- 6 to 15 times
- 16 to 25 times
- 26 to 35 times
- 35 to 50 times
- More than 50 times

Please select the option that details any dangerous drug, illegal narcotic or vaporous substance usage **NOT** prescribed by a physician for the purpose of treating a medical condition or used in a bona fide religious ceremony **within the last seven (7) years**. (Does not include marijuana or heroin.)

- None
- 1 time
- 2 - 3 times
- 4 - 5 times
- 6 - 8 times
- more than 8 times

Please select the option that details any dangerous drug, illegal narcotic or vaporous substance **NOT** prescribed by a physician for the purpose of treating a medical condition or used in a bona fide religious ceremony **since turning 21 years of age**. (Does not include marijuana or heroin.)

- None
- 1 time
- 2 - 3 times
- 4 - 5 times
- 6 - 8 times
- more than 8 times

Please select the option that details any dangerous drug, illegal narcotic or vaporous substance usage **NOT** prescribed by a physician for the purpose of treating a medical condition or used in a bona fide religious ceremony **during your lifetime**. (Does not include marijuana or heroin.)

- None
- 1 time
- 2 - 3 times
- 4 - 5 times
- 6 - 8 times
- more than 8 times

Please select the option below which details your heroin usage over your lifetime.

- None
- 1 - 5 times
- 6 - 10 times
- 11 - 20 times
- 21 - 30 times
- More than 30 times

PRINT NAME

SIGNATURE

DATE