



YUBA COLLEGE PUBLIC SAFETY CENTER
2088 N. Beale Rd., Marysville, CA 95901

Academy Disqualifier Questionnaire

Name of Academy Applicant: _____

Please Print Clearly

Last Name, First MI

Date: _____

This survey is designed to help academy staff members determine your suitability for a position in the academy. You are required to complete the survey and return with your Pellet B exam confirmation. **Failure to return the completed survey with truthful answers will result in your name being removed from the eligibility list. All answers to your questions will be verified.**

The survey is separated into three sections. The first section addresses mandatory disqualifiers for academy attendance. The second section addresses potential disqualifiers. Please note that each law enforcement agency has specific hiring requirements, and that the questions asked in the second section may not automatically disqualify you for employment. The final section lists medical conditions that will be evaluated by the hiring agency prior to employment. Do not comment in this survey regarding your personal wellness as it pertains to these listed conditions, as this list is provided for your information only.

YES	NO	<u>Mandatory Academy Disqualifiers</u>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony, or convicted of a misdemeanor that prevents you from possessing a firearm?
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently, or recently have any restrictions or suspensions on your Driver's License?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any medical conditions that would not allow you to be medically cleared for this course?

If you answered "yes" to any of the above questions, please explain:



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YES	NO	<u>Potential Academy Disqualifiers</u>
<input type="checkbox"/>	<input type="checkbox"/>	Are you now or have you ever been the subject of a Domestic Violence Restraining Order?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been fired, released from probation, resigned in lieu of termination, or asked to resign from any place of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever filed for or declared bankruptcy, or have your bills ever been turned over to a collection agency?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been detained for investigation, arrested, or indicted for any misdemeanor or felony, including offenses in the Uniform Code of Military Justice, or placed on a mental health hold?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been required to appear before a juvenile court for an act, which would have been a crime if committed as an adult?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever consumed, purchased, sold, manufactured, cultivated, furnished, or held for another any illegal non-prescribed drugs or substances, including marijuana under a doctor's recommendation?
<input type="checkbox"/>	<input type="checkbox"/>	Has your Driver's License ever been suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested for driving under the influence of alcohol and/or drugs, including an initial DUI charge reduced to reckless driving?
<input type="checkbox"/>	<input type="checkbox"/>	Are you now or have you ever been a member of or associated with a street gang?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now or have you ever possessed a medical marijuana card?

If you answered "yes to any of the above questions, please explain:



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INFORMATION ONLY

The following medical conditions may have an impact on your ability to perform the duties required and may require specific medical clearance.

<u>Potential Law Enforcement Employment Medical Disqualifiers</u>
Cardiovascular System Disorders
Skin Disease and Disorders
Diabetes
Thyroid Disorders
Gastrointestinal System Disorders
Anemia and Bleeding Disorders
Oncological Conditions (Cancer)
Infectious Diseases
Musculoskeletal Disorders (Neck, back, knee, joints, etc.)
Neurological Disorders and Seizures
Respiratory System Diseases
Vision Deficiencies
Hearing Deficiencies
Physical, mental, or other medical-related conditions for which you were rejected or discharged from the military
Military service-connected disabilities for which you applied for a Veterans' Administration disability benefit and rating

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