FRESNO COUNTY SHERIFF-CORONER'S OFFICE
JAIL DIVISION

APPLICATION FOR FACILITY ACCESS TO THE FRESNO COUNTY DETENTION FACILITIES

Name: _____

Agency/Firm/Organization Represented: _____

Agency/Firm/Organization Address: _____

Agency/Firm/Organization Telephone: _____

Immediate Supervisor: _____

Your Job Title: _____

Reason requesting authorization for Jail Clearance: (Interviews, Assessments, Lead Groups/ Classes, Volunteer, etc.)

_____

_____

After completing this form and the attached "Personal History Statement," immediately have your fingerprints taken at the Main Jail Fingerprints Room, located on the first floor of the Main Jail Detention Facility at 1225 "M" Street.

The review of clearance for approval will take place after fingerprints are researched in Sacramento for any criminal history. Notification will be made when the review is complete.

Temporary clearances are not granted.

Instructions to the Applicant

- The information provided in this Personal History Statement (PHS) will be used in the background investigation to determine suitability for clearance to enter the Fresno County Sheriff-Coroner's Office Detention Facilities.
- Fill out the form completely and accurately.
- Type or legibly print (in ink) all required information.
- If a question does not apply, enter **N/A** (not applicable) in the space provided for your response.
- If more space is needed for responses, attach additional pages and identify the information by the question number.

Accurate and Full Disclosure

Keep in mind that:

1. **The completion of a Personal History Statement is mandatory.**
2. All statements are subject to verification.
3. Inaccuracies or incomplete statements may bar or remove you from consideration for clearance.
4. All required time periods in your background must be accounted for.
5. Attach copies of any required certificates, letters, transcripts, etc. as proof that you meet requirements for the position/clearance level applying for.
6. If self-employed as an interpreter, please attach a copy of your business license.
7. If employed by a law firm or social services agency, attach a letter from your immediate supervisor, on appropriate letterhead, verifying full-time employment and credentials.
8. If licensed, attach a photocopy of your license and/or credentials.
9. If representing a court approved program, provide a letter of verification from the Courts and the District Attorney's Office.
10. If applying as a Volunteer with Religious Programs, Alcoholics Anonymous, or Narcotics Anonymous, provide a letter of recommendation from the agency you are representing.

It is to your advantage to respond openly. All factors in your background will be evaluated in terms of the circumstances and facts surrounding their occurrence, and their degree of relevance. For example, having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements for clearance.

Disclosure of Arrests and Convictions

As an applicant, you are required to disclose any of the following which occurred on or after your 18th birthday (even if the records are sealed):

1. All arrests, whether they result in a conviction or not.
2. All convictions.
3. All diversion programs, whether completed or not (unless medically related).

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

STREET APT/UNIT

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE

5. CONTACT NUMBERS

HOME ( ) - WORK ( ) - EXT OTHER ( ) - ☐ CELL ☐ FAX ☐ PAGER

6. EMAIL ADDRESS

HOME BUSINESS

7. BIRTHDATE	8. SOCIAL SECURITY NUMBER	9. DRIVER'S LICENSE:	10. PLACE OF BIRTH

10. PHYSICAL DESCRIPTION

HEIGHT WEIGHT LBS HAIR COLOR EYE COLOR SEX M ☐ F ☐

SECTION 2: EMERGENCY NOTIFICATION

A) NAME	STREET	HOME ( ) -
RELATIONSHIP	CITY	WORK ( ) -
	STATE ZIP	EXT
B) NAME	STREET	HOME ( ) -
RELATIONSHIP	CITY	WORK ( ) -
	STATE ZIP	EXT
C) DOCTOR/MEDICAL SERVICES	STREET	HOME ( ) -
	CITY	WORK ( ) -
	STATE ZIP	EXT

SECTION 3: Certification/License

11.

☐ I possess a certificate or license from the following institution:

SECTION 4: LEGAL

12. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN THIS OR ANY OTHER STATE OR COUNTRY?

☐ YES ☐ NO **IF YES, LIST ALL OFFENSES, INCLUDING THOSE PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE**.

ARRESTS / CONVICTIONS

A	APPROX DATE	LAW ENFORCEMENT AGENCY
	EXPLAIN CIRCUMSTANCES	
B	APPROX DATE	LAW ENFORCEMENT AGENCY
	EXPLAIN CIRCUMSTANCES	
C	APPROX DATE	LAW ENFORCEMENT AGENCY
	EXPLAIN CIRCUMSTANCES	
D	APPROX DATE	LAW ENFORCEMENT AGENCY
	EXPLAIN CIRCUMSTANCES	

13. Have you ever been placed on court probation as an adult?

☐ YES ☐ NO **IF YES, EXPLAIN THE CIRCUMSTANCES AND INCLUDE WHEN, WHERE AND WHY.**

14. Have you ever been denied access to any other detention facilities?

☐ YES ☐ NO **IF YES, EXPLAIN THE CIRCUMSTANCES AND INCLUDE WHEN, WHERE AND WHY.**

FRESNO COUNTY SHERIFF-CORONER'S OFFICE
No Hostage Acknowledgment

You are requesting permission to enter a no hostage facility. It is the policy of the Fresno County Sheriff-Coroner's Office that employees will not recognize hostages for bargaining purposes or permit inmates or others to use hostages to escape from custody. This policy will be applied in all cases without regard to the sex, age, or employment status of any hostage.

It is the policy of the Fresno County Sheriff-Coroner's Office that all persons entering this facility may be subject to search.

The undersigned acknowledges that working or performing any activities within the Fresno County Sheriff-Coroner's Jail facilities can be dangerous. The dangers include the risk of personal injury and the damage to personal property. It is understood that the Fresno County Sheriff-Coroner's Office maintains a **NO HOSTAGE FACILITY.**

SECTION 5. Applicant Signature

I hereby certify that I have read and understand all rules and statements contained in this application and that I personally completed each page of this form and any supplemental page(s) I have attached, and that all statements made on each and every page are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from attaining clearance.

SIGNATURE IN FULL	DATE

********** FOR OFFICIAL USE ONLY **********

Fingerprints taken: _____
Date Initials Comp ID#

Warrant/QCAD/CLETS Check**: Active**_____ **Negative** _____ _____
Date Initials Comp ID#

Professional License: **Verified** _____ **Active** _____ _____
Date Initials Comp ID#

Expires: _____

SERGEANT'S REVIEW

Approved: Yes_____ No_____

Contact Level: Yellow____ Green____ White____ Blue____

Expiration Date: _____

Signature: _____ Date: _____

LIEUTENANT'S REVIEW

Approved: Yes_____ No_____

Signature: _____ Date: _____

Individual Received Pass _____

Clearance Revoked: _____ Reason: _____

FRESNO COUNTY Sheriff-Coroner's OFFICE

JAIL DIVISION

DETENTION FACILITIES IDENTIFICATION CARD

You have received a Jail identification card that will allow you to enter the Fresno County Detention Facilities. Your ID card has been issued with an expiration date (located beneath your photo). It is each individual's responsibility to renew their ID card prior to the expiration date. The Sheriff's Office will not issue a reminder.

If your badge expires prior to renewal, you will need to reapply and could be required to pay a fee to be re-fingerprinted.

If your ID card is lost, stolen or misplaced, it is your responsibility to report the loss to both the Sheriff's Office and your employer. IMMEDIATELY call and notify the Jail Pass Coordinator at (559) 600-8241 or (559) 600-8240.

In order to facilitate replacement of an ID card, you will need to submit the following:

- A letter addressed to the Jail Operations Bureau Commander explaining the circumstances of the loss, and if applicable, the steps you will take to prevent reoccurrence.
- A letter from your employer requesting replacement of the ID card (to include the telephone number and signature of your supervisor).

Without these documents, the ID card will not be reissued.

If you separate employment from your current employer, you are required to return your ID card within ten (10) business days to:

Jail Pass Coordinator
Fresno County Sheriff's Office
Jail Operations Bureau
1225 "M" Street
Fresno, CA 93721

The ID card is the property of the Fresno County Sheriff's Office. If you fail to return your ID card, it could prohibit you from being able to receive another ID card in the future.

Identification cards are not to be altered in any way.

I have read and understand the above conditions associated with maintaining a Fresno County Detention Facility ID card. I agree to comply with the conditions as set forth herein.

_____
Printed Name

_____ _____
Signature Date

_____ _____
Witnessed by Computer Number

FRESNO COUNTY SHERIFF'S OFFICE
JAIL DIVISION

POLICY ACKNOWLEDGEMENT

#D-360 – SEXUAL MISCONDUCT AND ABUSE

I hereby acknowledge that I received a copy of the *Sexual Misconduct and Abuse* policy for the Jail Division of the Fresno County Sheriff's Office and that I have read it, understand its meaning, and agree to conduct myself in accordance with it.

Signed: _____ Date: _____

Print Name: _____

Name of Employer: _____

Name of Supervisor: _____

FRESNO COUNTY SHERIFF'S OFFICE

POLICY ACKNOWLEDGEMENT

#D-360 – SEXUAL MISCONDUCT AND ABUSE

As part of the *National Standards to Prevent, Detect, and Respond to Prison Rape*, the Sheriff's Office is required to ensure that all employees, contractors, and volunteers who have contact with inmates are aware of their responsibilities under the Sheriff's Office sexual abuse prevention, detection, and response policy and procedure.

ZERO-TOLERANCE

The Fresno County Sheriff's Office maintains a ZERO-TOLERANCE policy regarding sexual abuse and sexual harassment. Not only does this include inmate-on-inmate sexual assault, but also sexual abuse, sexual misconduct, and sexual harassment of an inmate by a staff member, contractor, or volunteer. Definitions of each are provided under Section I of the policy.

SEXUAL ABUSE - IMMEDIATE RESPONSE

If the inmate was sexually abused within a time period that still allows for the collection of physical evidence, request that the victim not take any actions that could destroy the evidence (e.g., showering, brushing teeth, changing clothes, using the restroom, eating, drinking), and then immediately notify correctional staff.

REPORTING ALLEGATIONS

An inmate may report sexual abuse* to any employee, volunteer, or contractor. If the inmate reports the sexual abuse to *you*, you are required to immediately notify your supervisor and report the information to the on-duty Jail Watch Commander (600-8440).

*Inmates may report any aspect of sexual abuse, sexual misconduct, and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse.

Any allegation is a very serious situation and shall be treated with discretion and confidentiality. Apart from reporting to your supervisor and the Jail Watch Commander, do not reveal any information related to the sexual abuse to anyone other than those who "need to know" (i.e., those who need to make treatment, investigation, and other security and management decisions).

SENSITIVITY

Victims of sexual abuse may be seriously traumatized both physically and mentally. You are expected to be sensitive to the inmate during your interactions with him/her.

SEXUAL DISORDERLY CONDUCT

By choosing to work in a jail environment, you have accepted the possibility that you may face inappropriate and socially deviant behavior. While it is not possible to stop all obscene comments and conduct by inmates, neither shall it be accepted; acts of indecent exposure, sexual disorderly conduct and exhibitionist masturbation will not be tolerated. Any inmate who engages in indecent exposure or sexual disorderly conduct shall be reported immediately to correctional staff, with a follow-up advisement to your supervisor.
Sexually hostile conduct shall not be ignored.

If you have any questions, please contact **Jail Pass Coordinator at (559) 600-8241 or (559) 600-8240.**
Please sign and return the attached Policy Acknowledgement form to your supervisor.