



**FRESNO COUNTY SHERIFF'S OFFICE
JAIL DIVISION**

**APPLICATION FOR FACILITY ACCESS TO
THE FRESNO COUNTY DETENTION FACILITIES**

For Office Use Only

JAIL PASS

ISSUE ☐

DO NOT ISSUE ☐

Approved by: _____
Initials

Name: _____

Agency/Firm/Organization Represented: _____

Agency/Firm/Organization Address: _____

Agency/Firm/Organization Telephone: _____

Immediate Supervisor: _____

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'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'S OFFICE

No Hostage Acknowledgment

You are requesting permission to enter a no hostage facility. It is the policy of the Fresno County Sheriff'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'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'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'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 *******

Photo taken: _____ Fingerprints taken: _____
Date Initials Comp ID# Date Initials Comp ID#

SERGEANT'S REVIEW

Approved: Yes _____ No _____

Contact Level: Red _____ Yellow _____ Green _____ White _____ Orange _____ Blue _____

Expiration Date: _____

Signature: _____ Date: _____

LIEUTENANT'S REVIEW

Approved: Yes _____ No _____

Signature: _____ Date: _____

Individual Received Pass _____

Clearance Revoked: _____ Reason: _____