



**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, etc.)

\_\_\_\_\_  
\_\_\_\_\_

The clearance for approval will take place after careful review. 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 18<sup>th</sup> 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.**

**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 \*\*\*\*\*

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Warrant/Offendertrak/NAMS Check: **Active** \_\_\_\_\_ **Negative** \_\_\_\_\_  
Date Initials Comp ID#

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**SERGEANT'S REVIEW**

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Contact Level: Red \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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 replacement fee.

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 \_\_\_\_\_