Application for Renewal of Facility Clearance

Fresno County Sheriff-Coroner's Office
Jail Division
Application for Renewal of 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, return to the Main Jail Fingerprints Room, located on the first floor of the Main Jail Detention Facility at 1225 "M" Street.

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Instructions to the Applicant

- Please fill out all areas.
- Type or legibly print (in ink).
- 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. You must return this form whether there are changes in your information or not.
2. All statements are subject to verification.
3. Inaccuracies or incomplete statements may remove you from consideration for renewal.

Disclosure of Arrests and Convictions

(If no new arrest within the last 2 years please indicate so with N/A(not applicable))

As an applicant you are required to disclose any of the following which occurred since your original application (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).
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## SECTION 1: PERSONAL

1. **YOUR FULL NAME**
   - LAST
   - FIRST
   - MIDDLE

2. **HOME ADDRESS**
   - STREET
   - APT/UNIT
   - CITY
   - STATE
   - ZIP

3. **MAILING ADDRESS**
   - STREET
   - APT/UNIT
   - CITY
   - STATE
   - ZIP

4. **CONTACT NUMBERS**
   - HOME ( ) - WORK ( ) - EXT - OTHER ( ) - ☐ CELL ☐ FAX ☐ PAGER

5. **EMAIL ADDRESS**
   - HOME
   - BUSINESS

6. **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

   - STATE
   - ZIP
   - EXT

B) **DOCTOR/MEDICAL SERVICES**
   - STREET
   - HOME ( ) -

   - CITY
   - WORK ( ) -
   - STATE
   - ZIP
   - EXT

## SECTION 3: LEGAL

**NEW ARRESTS / CONVICTIONS (If no new arrest within the last 2 years please indicate so with N/A)**

A) **APPROX DATE**
   - LAW ENFORCEMENT AGENCY
   - EXPLAIN CIRCUMSTANCES

B) **APPROX DATE**
   - LAW ENFORCEMENT AGENCY
   - EXPLAIN CIRCUMSTANCES

## SECTION 4: CERTIFICATION

I hereby certify that I have read and understand all rules and statements contained in this application and that I personally completed this form and any supplemental page(s) I have attached, and that all statements made 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**

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

Warrant/Offendertrak/NAMS Check: Active _____ Negativc _____

Professional License: Verified _____ Active _____

Expires: _______________________

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: ___________________
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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.

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:

Ida Chapa
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

Ida Chapa- (559) 600-8241

Witnessed by

2955

Computer Number

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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 Ida Chapa at (559) 600-8241.

Please sign and return the attached Policy Acknowledgement form to your supervisor.

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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: ________________________________________________

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