



Please return the completed application form to:  
 Ward Security Limited  
 Unit A9 & A10  
 Spectrum Business Centre  
 Anthony's Way  
 Medway City Estate  
 Rochester, Kent  
 ME2 4NP

|                    |          |
|--------------------|----------|
| OFFICE USE ONLY    |          |
| Pre Screened by HR | Yes / No |
| Interviewed        | Yes / No |
| Offer              | Yes / No |
| Keep On File       | Yes / No |
| Comments           | _____    |
| _____              |          |
| _____              |          |

|   |                   |
|---|-------------------|
| Position applied For: _____   | Job Ref No: _____ |
| Do you require full or part time? _____                               |                   |
| Do you have any restrictions to times and days you can work? Yes / No |                   |
| If yes, please confirm restrictions: _____                            |                   |
| Name of introducing Officer (If Applicable): _____                    |                   |

PERSONAL DETAILS

|   |  |
|---|--|
| Mr/Mrs/Miss/Ms: _____   | Surname: _____   |
| First name(s): _____  |  |
| Former names (including maiden name): _____   |  |
| Address: _____  |  |
| _____   |  |
| _____   | Post Code: _____   |
| How long have you lived at this address: _____  |  |
| (If you have lived at the above address for less than 5 years, please provide 5 year address details on the additional information sheet at the end of the application form.) |  |
| Telephone number: _____   | Mobile Number: _____   |
| E-Mail address: _____   |  |
| Place of Birth: _____   | Nationality: _____   |
| If not born in the UK, state date and place of entry: _____   |  |
| _____   |  |
| Work Permit/Visa No: _____  | Expiry date: _____   |
| Type of Visa:   | Limited Leave to Remain <input type="checkbox"/> Indefinite Leave to Remain <input type="checkbox"/> |
|   | Right to Abode <input type="checkbox"/> Family <input type="checkbox"/>                              |
|   | Other (Please state): _____  |
| Visa Restrictions (no of hours, type of work etc) _____   |  |



|   |
|---|
| Marital Status: _____                           |
| Name and address of next of kin: _____<br>_____ |
| Telephone Number: _____ Relationship: _____     |

BACKGROUND INFORMATION

|   |
|---|
| National Insurance number: _____  |
| Have you ever been convicted or cautioned for any offence? <span style="float: right;">Yes / No</span>  |
| Date of conviction: _____   |
| Offence _____   |
| Sentence: _____   |
| Have you ever been dismissed by an employer for misconduct? <span style="float: right;">Yes / No</span> |
| If yes, please give dates and details: _____  |
| Are there any prosecutions pending against you: <span style="float: right;">Yes / No</span>             |
| If yes, please give dates and details: _____  |
| Do you have any County Court Judgments for debt? <span style="float: right;">Yes / No</span>            |
| If yes, please give dates and details: _____  |
| Have you ever been declared bankrupt in a County Court? <span style="float: right;">Yes / No</span>     |
| If yes, please give dates and details: _____  |

DRIVING LICENCE

|  |
|--|
| Do you hold a full UK licence? <span style="float: right;">Yes / No</span>     |
| Date obtained: _____   |
| Manual or automatic? _____   |
| Licence Number: _____  |
| Do you own your own transport? <span style="float: right;">Yes / No</span>     |
| Do you have any motoring offences? <span style="float: right;">Yes / No</span> |
| If yes, please give dates and details: _____                                   |



EDUCATION BACKGROUND

| Name and address of school/college/university | From | To | Exams passed |
|---|------|----|--------------|
|   |      |    |              |

SERVICE BACKGROUND

If this section is not applicable to you, please tick this box

|  |      |          |                    |              |               |
|--|------|----------|--------------------|--------------|---------------|
| Please circle which Service you have been a member of:     |      |          |                    |              |               |
| Royal Navy   | Army | RAF      | Police             | Fire Service | Merchant Navy |
| Date from: _____   |      |          | Date to: _____     |              |               |
| Rank Attained: _____                                       |      |          | Decorations: _____ |              |               |
| Are you liable to recall?                                  |      | Yes / No | Conduct Record:    |              | _____         |
| Are you a member of any RESERVE involving Annual Training? |      |          |                    |              | Yes / No      |

MEDICAL HISTORY AND LIFESTYLE

|  |          |
|--|----------|
| Name and address of Doctor: _____  |          |
| _____  |          |
| Do you consider yourself to be in good health?   | Yes / No |
| Are you currently receiving or awaiting medical treatment or tests?  | Yes / No |
| Have you had an illness, accident or operation within the last 3 years?  | Yes / No |
| Have you been absent from work for a medical reason in the past year?  | Yes / No |
| Are you restricted for medical reasons from carrying out this role?  | Yes / No |
| Do you take prescribed or over-the-counter medication regularly?   | Yes / No |
| Have you ever left a previous job for health reasons?  | Yes / No |
| Do you receive, or ever received, Medical Pension or Ill Health Benefit?   | Yes / No |
| <b>If you have answered 'Yes' to any of the above, please give details on the additional information sheet at the end of the application form.</b> |          |

|  |          |  |   |
|--|----------|--|---|
| Do you smoke?  | Yes / No | If Yes, quantity per day?                          |   |
|  |          | If an ex-smoker, how many years since you stopped? |   |
| Do you drink alcohol?  |          | Yes / No   | If yes, what is your average weekly unit intake?<br><small>(One unit is equal to ½ a pint of normal strength beer, one glass of wine or one shot of spirit)</small> |
|  |          |  |   |
| Do you take any form of regular exercise?  |          |  | Yes / No  |
| If yes, please specify type and time spent per week: _____   |          |  |   |
| Do you have, or have you ever had, any of the following: Please circle 'Yes' or 'No'   |          |  |   |
| Heart Attack   | Yes / No | Angina or chest pains                              | Yes / No  |
| Stroke or mini stroke  | Yes / No | Diabetes   | Yes / No  |
| Epilepsy or fits   | Yes / No | High blood pressure                                | Yes / No  |
| Chest or lung problems   | Yes / No | Allergies or hay fever                             | Yes / No  |
| Circulation problems   | Yes / No | Asthma or chronic bronchitis                       | Yes / No  |
| Bouts of wheezing or coughing  |          |  | Yes / No  |
| Stomach ulcers, bowel disorders or hernias   |          |  | Yes / No  |
| Depression, stress, nervous disorders or mental illness  |          |  | Yes / No  |
| Alcohol or drug dependency   |          |  | Yes / No  |
| Kidney or bladder disorder, pain or blood on passing urine?  |          |  | Yes / No  |
| Recurrent or persistent headaches  |          |  | Yes / No  |
| Disorders of the nervous system  |          |  | Yes / No  |
| Back, neck, shoulder or joint pain/stiffness or injuries   |          |  | Yes / No  |
| Arm or hand pain, stiffness, swelling or injuries  |          |  | Yes / No  |
| Tingling, numbness or whitening of fingertips  |          |  | Yes / No  |
| Skin condition (e.g. dermatitis, psoriasis or eczema)  |          |  | Yes / No  |
| Fainting attacks, blackouts, dizziness or palpitations   |          |  | Yes / No  |
| A problem with your hearing or vision  |          |  | Yes / No  |
| Dyslexia, dyspraxia, or difficulties reading or writing  |          |  | Yes / No  |
| Any other condition which may affect your ability to drive, work alone, at heights, at night, or in confined spaces                                |          |  | Yes / No  |
| <b>If you have answered 'Yes' to any of the above, please give details on the additional information sheet at the end of the application form.</b> |          |  |   |



EMPLOYMENT RECORD

Please provide details of all periods of employment and self-employment for the past 5 years. For periods of unemployment please provide details of the Unemployment Office you were registered with. Please ensure that there are no gaps in your employment/unemployment history. Please start with the most recent first. Your application may be rejected if the necessary information is not provided.

| Employer Details   | Position held with company | Employment dates         | Reason for leaving |
|--|----------------------------|--------------------------|--------------------|
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |                            | From:<br><br><br><br>To: | Notice Period:     |
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |                            | From:<br><br><br><br>To: |                    |
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |                            | From:<br><br><br><br>To: |                    |
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |                            | From:<br><br><br><br>To: |                    |



|  |  |                      |  |
|--|--|----------------------|--|
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |  | From:<br><br><br>To: |  |
| Company name and address:<br><br>Contact name:<br><br>Telephone number:<br><br>E-mail:<br><br>Fax: |  | From:<br><br><br>To: |  |

QUALIFICATIONS

|   |          |                                |
|---|----------|--------------------------------|
| Do you hold any of the following security related qualifications? |          |                                |
| SIA Licence:  | Yes / No |                                |
| Types of SIA Licence(s) held:                                     | _____    |                                |
| Expiry date(s):   | _____    |                                |
| SIA Licence numbers:  | _____    |                                |
| Basic Job Training:   | Yes / No | Certifying Organisation: _____ |
| NVQ in Security:  | Yes / No | Certifying Organisation: _____ |
| First Aid:  | Yes / No | Certifying Organisation: _____ |
| If yes, type of first aid course:                                 | _____    |                                |
| Health and Safety:  | Yes / No | Certifying Organisation: _____ |

PERSONAL REFERENCES

Please give names and addresses of two people, not related to you, or living at the same address, who have known you for at least 5 years, who can provide a character reference.

| Reference One                        | Reference Two                        |
|--------------------------------------|--------------------------------------|
| Name:                                | Name:                                |
| Address and postcode:                | Address and postcode:                |
| Telephone Number:                    | Telephone Number:                    |
| How long have you known this person: | How long have you known this person: |
| Occupation:                          | Occupation:                          |
| Relationship to you:                 | Relationship to you:                 |

SELF EMPLOYMENT HISTORY

If you have been self-employed within the last 5 years, please provide us with your accountant's details for verification.

|   |   |
|---|---|
| Name:                                   | Name:                                   |
| Address and postcode:                   | Address and postcode:                   |
| Telephone Number:                       | Telephone number:                       |
| How long have you used this accountant? | How long have you used this accountant? |

DECLARATION

I understand that my employment is subject to satisfactory vetting, I authorise Ward Security Limited to carry out such enquiries as may be necessary at the Company's discretion, into my background, employment record and right to work in the UK as governed by UK Legislation.

I hereby certify that the details given in this application are true to the best of my knowledge. I understand that if any false declarations are made, I will be liable for dismissal.

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

Print Name \_\_\_\_\_

## STATEMENT OF VETTING POLICY

Please read this statement carefully, before you complete the application form.

If the information is found to be incorrect, or incomplete in some areas we will not be able to offer you employment, or will need to terminate any temporary post we may have offered.

Having read and understood the document please sign the declaration below and return it with your completed application form.

The Company is committed to ensuring that it provides a first class service to its customers. It is essential that our recruitment procedures ensure that we select only suitable candidates for posts, which may have responsibility of protecting our client's premises and property. Thus, you will find that our application forms are extremely thorough and quite complex, after completion of this form we will carry out a detailed check of the information, your references and background.

The Company may check documents you provide as proof of identity under ultra-violet scanner for authenticity purposes to deter identity theft and fraud. Any that appear to be forgeries will be reported to the relevant authority.

This statement is provided to ensure that you are aware of our requirements, and have no objection to our confirming the details. These checks are rules agreed with the Security Industry regulatory bodies, and are part of our quality procedures.

#### References and background

We will check your employment history over the last 5 years, or since you left school, if that period is less than 5 years. Should there be gaps in your employment history through changing jobs, un-employment or self-employment, give the name of people of good repute who can vouch for your activity during the period, or the details of the Dept of Employment Offices at which you were registered. You should, in putting forward referees, first seek their permission, and let them know that we will be approaching them. We may also check your right to work in the UK in order to fulfil our obligations with regards to government legislation.

#### Criminal Offences

You are also required to state any criminal proceedings that may have been taken against you. You can ignore parking fines; however details of all other offences, including motoring, must be declared. Under the terms of the Rehabilitation of Offenders Act 1974 we must, and will, ignore offences which occurred some time ago, and for which the time limits laid down in the Act, have now been passed.

#### Medical Requirements

You have been asked to complete a detailed medical history, and we can confirm that this information will be kept strictly confidential, and will only have an effect on your application if, in the judgment of the Company, your health may affect your ability to carry out the work now and in the future. We will need to satisfy ourselves that your standard of fitness, eyesight, hearing etc are sufficient to enable you to carry out the duties efficiently. If you have identified any health issues, we may refer you to an Independent Occupational Health Advisor who will assist us both with ensuring your fitness for work.

#### Consumer Information Check

The material facts completed on the application form will be used for a Consumer Information Check to be run against you. The results of this check will include confirmation of any aliases, full postal addresses for the previous 5 years, registration

on the electoral roll, date of birth and details of any County Court Judgments and Bankruptcy Orders against you. All information disclosed on the results will be kept strictly confidential. Should any concerns be raised from the results of the Consumer Information Check, the Company reserves the right to withdraw any offer of employment. Please be aware that numerous credit checks may have an adverse effect on your credit rating.

#### Vetting

I have read and understood the information regarding the Company vetting procedure and can confirm that all details and material facts given on the application form are true. I acknowledge that any misrepresentation or failure to disclose material facts either during application or throughout employment may constitute grounds for immediate dismissal and/or legal action.

#### Data Protection

Information from this application form may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request and on payment of a fee of £10, the right of access to personal data held about them.

For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to Ward Security Limited processing the data supplied in this application form for the purpose of recruitment and selection.

I agree that the details contained within this application form and associated references and documents may be retained on file by Ward Security Limited for future referral as applicable.

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

Print Name \_\_\_\_\_

To Whom It May Concern:

I \_\_\_\_\_ Authorise Ward Security Limited of A9 and A10, Spectrum Business Centre, Anthony's Way, Medway City Estate, Rochester, Kent, ME2 4NP to approach Government Agencies, former employers and those individuals providing character references for verification of my employment / unemployment record and other information pertinent to my employment during the security screening period.

I understand that this information will only be used for the purposes of my application for the position of \_\_\_\_\_

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

Print Name \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





ADDITIONAL INFORMATION

You may use this space to provide us with additional information, e.g. your full 5 year address history.

