

Office Use Only					
Pre-screened by HR	Yes	By:	Passed Pre Screen	Yes / No	
RTW	Y / N	Driving Licence	Y / N / NA	5 Year History	Y / N
Pre screen comments:					
Interview Date & Time:			Interview Location:		
Proceed to Vetting?	Yes / No	Post interview Comments:			

To apply for employment with Ward Security Limited, please complete this form in full and e-mail it to recruitment@ward-security.co.uk or post it to A9-A10 Spectrum Business Centre, Anthony's Way, Medway City Estate, Rochester, Kent, ME2 4NP. Please note that if you are posting your application form back to us it must be sent with the correct postage amount, otherwise it will not reach us. A stamp of Large Letter value or higher will likely be needed.

Once you have returned your completed application form, if we wish to speak to you further we will contact you within 14 days. If you do not hear anything within this time frame, then we regret that at this time you have not been successful. We will however hold your application form on file for a period of six months in case a suitable position arises. We would be grateful if you could refrain from contacting us in relation to your application if we have not contacted you.

All applicants must have an SIA License (for Security positions), a full 5 year work or education history (with no gaps) that we can check and the right to work in the UK. For some positions, where driving a Company vehicle is a requirement or where site location and/or shift times dictate, a driving license and the use of your own transport will also be necessary.

Position applied For: _____	Job Ref No: _____
How did you hear about Ward Security Limited? _____	
Do you require full or part time work? Full Time / 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: _____	

Telephone Number: _____	Relationship: _____

BACKGROUND INFORMATION

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

DRIVING LICENCE

Do you hold a full UK licence?	Yes / No
Date obtained: _____	
Manual or automatic? _____	
Licence Number: _____	
Do you own your own transport?	Yes / No
Do you have any motoring offences?	Yes / No
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
<i>Do you have, or have you ever had, any of the following: Please circle 'Yes' or 'No'</i>	
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

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.

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? (One unit is equal to ½ a pint of normal strength beer, one glass of wine or one shot of spirit) _____
Do you take any form of regular exercise? Yes / No
If yes, please specify type and time spent per week:

EMPLOYMENT RECORD

Please provide details of all periods of employment, unemployment and self-employment within the **past 5 years**. If there are any gaps of more than 28 days which cannot be filled in with the Education information provided on page 3 of this application form, then your application will not be considered. Please ensure that full dates are given as start and finish dates of each entry where possible, and that at a minimum months and years are provided.

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

Company name and address: Contact name: Telephone number: E-mail: Fax:		From: To:	
Company name and address: Contact name: Telephone number: E-mail: Fax:		From: 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: _____	
Have you ever had an SIA License refused or revoked for any reason? <u>Yes / No</u> If the answer to the above question is 'Yes' please ensure that you provide full details of the circumstances and the outcome on the additional information sheet at the end of the application form.	
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. These should not be ex or current managers or anybody that may provide an employment 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:	
Address and postcode:	
Telephone Number:	
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: _____

EQUAL OPPORTUNITIES

This is a voluntary section and the information provided will not be used to assess your application.

Sex: Male / Female

Ethnicity :

White		Chinese		Black or Black British	
White - British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black – African	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Black – British	<input type="checkbox"/>
				Black – Caribbean	<input type="checkbox"/>
				Black - Other	<input type="checkbox"/>
Mixed		Asian		Arab/Middle Eastern	
White & Black African	<input type="checkbox"/>	Asian - Bangladeshi	<input type="checkbox"/>	Arab	<input type="checkbox"/>
White & Black Asian	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Asian – Pakistani	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>	North African	<input type="checkbox"/>
				Other	<input type="checkbox"/>

Date of Birth: _____

Do you have a disability? Yes / No

If so, are there any special arrangements you would like us to make to help you attend an interview?



ADDITIONAL INFORMATION

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



HR MISSION STATEMENT

We will endorse the Company Mission Statement to ensure our core values and standards underline our objective to be the employer of choice. We will uphold best practice in the recruitment process and provide a highly skilled, effectively managed, motivated, trained and diverse workforce that meets the changing needs of the business whilst operating in a fair and transparent working environment maintaining Company expectations and code of conduct. Committed HR personnel will provide professional advice enforcing employee relations through Company policies and procedures as well as UK legislation and standards.

