

## OPERATIVES' QUESTIONNAIRE

### Policing Support Services Limited

3-4 Elwick Road  
Ashford, Kent, TN23 1PF

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Email: info@policing-support.com

**Notes:**

- a. Please answer all questions in **Block Capitals**.
- b. Please write in ink or ballpoint pen. Write NO or NIL if a question does not apply to you.
- c. Please be sure to read and sign the Consent Section on page 4.
- d. Use continuation sheets if necessary

### PERSONAL DETAILS

1. <b>Surname:</b> Mr/Mrs/Miss/Ms .....	2. <b>Forenames:</b> .....
3. Any previous names: .....	4. Nationality: .....
5. Date & Place of Birth: .....	6. National Insurance No: .....
7. Address: ..... ..... Town..... County..... Post Code..... How long at current address .....years.....months <b>Contact Tel No:</b> .....	8. Previous Address, if less that 5 years at current address: ..... ..... ..... .....Post Code .....
9. Spouse / Partner  All forenames: .....	10. All other persons at present address: (Full names, dates and places of birth)
Surname/ Maiden name: .....	1.
Date of birth: .....	2.
Place of birth: .....	3.
11. <b>Person to be contacted in an emergency:</b>	4.
Name: .....	Relationship: .....
Tel No: (Home) ..... (Work) ..... (Mobile) .....	
Address: (if different from own) .....	
.....Post Code.....	

12. Driving

Do you own a motor vehicle or motor cycle? Yes  No

Do you possess a full, clean, current UK Driving Licence? Yes  No

If No please give details.....

13. Legal

Have you or a near relative ever been fined, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act) Yes  No

Has any Order been made against you by a civil or military court or public authority? Yes  No

If Yes give details.....

**HEALTH QUESTIONNAIRE**

14.

1. Are you physically fit? Yes  No

2. Are you generally in good health? Yes  No

3.a Please place a tick against any undermentioned illnesses from which you have suffered:

- |              |                          |           |                          |               |                          |                        |                          |
|--------------|--------------------------|-----------|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| Asthma       | <input type="checkbox"/> | Epilepsy  | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Rheumatic Complaints   | <input type="checkbox"/> |
| Back Trouble | <input type="checkbox"/> | Fits      | <input type="checkbox"/> | Hernia        | <input type="checkbox"/> | Serious Skin Disorders | <input type="checkbox"/> |
| Bronchitis   | <input type="checkbox"/> | Fainting  | <input type="checkbox"/> | Migraine      | <input type="checkbox"/> | Nervous Disorder       | <input type="checkbox"/> |
| Diabetes     | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> | Tuberculosis  | <input type="checkbox"/> |                        |                          |

b Are you currently receiving any medical treatment? Yes  No

If Yes, for what?.....

4. Please give details of any other serious illness, injury, operation, physical defect or disability:

.....  
 .....

5. How many days (approximately) have you been absent from work owing to illness in the last two years?.....

6. Are you registered under the Disabled Persons (Employment) Act 1944 and 1958? Yes  No

If Yes, please complete the following:

Certificate No:..... Expiry Date:.....

15. **ACADEMIC QUALIFICATIONS**

Subject	Date Gained	At which establishment
	/ /	
	/ /	
	/ /	

16. Do you speak any foreign languages? If Yes, please state which and level of competence:  
 ..... / .....  
 ..... / .....

17. **EMPLOYMENT RECORD**

Please record your employment history. Include details of any self-employment, unemployment, military service and part-time work. Be sure to give full address and dates, service/payroll nos., branch, trade or department.

Give details of your present or most recent employment first, then your preceding employment, and so on, finishing with your earliest job (Going back 20 years): **Use further sheet(s) as necessary.**

	Employer's Full Name and Address	Name of person you reported to, & his/her job title	Rank/Position you held on leaving	Employment Dates Months & Year	Reason for Leaving
1.				From ..... To .....	
2.				From ..... To .....	
3.				From ..... To .....	
4.				From ..... To .....	

May we approach your present employer for a reference now? Yes  No  (If No please state reason)

.....

Nb. Please enclose a copy of your Discharge Certificate

18. **PERSONAL REFERENCES**

Give the names and addresses of two personal referees known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers.

1. Name: ..... 2. Name: .....  
 Address..... Address.....  
 .....  
 ..... Post Code..... Post Code.....  
 Tel: ..... Tel:.....  
 Profession..... Profession.....

19.

**POLICING EXPERIENCE**

Please tick appropriate boxes

HOLMES 2		Inspectorate		CID	
Disclosure		Best Value		Surveillance	
Receiver		Performance Review		Crime Intelligence	
Community Relations		Personnel Management		Crime Prevention	
Dogs		Recruitment		Drugs	
Firearms		Training (please detail below)		Fraud	
Public Order		Research & Development		Interviewing	
Mentoring		Legal/Data Protection/RIPA/etc		Major Incident Room	
Schools Liaison		Intelligence Analysis		Air/Marine Unit	
Statement Taking		Custody		Audio Typing	
Traffic		SOCO / Forensic		Support Administration	

Additional Information. Please provide details of any other relevant experience or skills and further information which would be helpful on the above:

[Empty box for providing additional information]

20. **Consent:** I confirm that the information supplied is correct and consent that, in order to secure contracts, PSS may make information from this form available to potential clients.

Applicant's Signature:.....

Date: .....

21. How did you hear about PSS?

[Empty box for answering question 21]



# Operatives' Short Curriculum Vitae

**SAMPLE**

**Name** *William Other*  
**DOB** *14 February 1948*  
**Former Force** *Anywhere Police Service*  
**Dates with Force** **From** *1972* **to** *2002*  
**Rank on leaving** *Det. Sergeant*

**Individual resume**  
 (No more than 50 words please)

*Extensive CID experience backed up by several years uniformed street duties. Eight years experience of fraud investigation and three years on the Robbery Squad. Extensive experience of all aspects of major investigations. HOLMES 2 trained. Uniformed experience includes community beat officer and working with juveniles.*

**Career Path Resume**

(Please start with the most recent at the top and work backwards to the bottom of the table)

Date from	Date to	Appointment
<i>1998</i>	<i>2002</i>	<i>Child Protection Team</i>
<i>1990</i>	<i>1998</i>	<i>Fraud Squad</i>
<i>1985</i>	<i>1990</i>	<i>Racial Incident Unit</i>
<i>1982</i>	<i>1985</i>	<i>Robbery Squad</i>
<i>1980</i>	<i>1982</i>	<i>Divisional Robbery Squad</i>
<i>1978</i>	<i>1980</i>	<i>Community beat Officer</i>
<i>1972</i>	<i>1978</i>	<i>General uniformed duties</i>

**Courses / Training**

(Please start with the most recent at the top and work backwards to the bottom of the table)

Date	Course / Training
<i>1999</i>	<i>Community Awareness, Racially Motivated Crime &amp; Homophobic Investigative Course</i>
<i>1998</i>	<i>Receiver and Disclosure training</i>
<i>1998</i>	<i>HOLMES 2</i>
<i>1996</i>	<i>Interviewing skills for handicapped and those with learning difficulties</i>
<i>1993</i>	<i>Memorandum Trained for interviewing children under C.J.A. 1998</i>
<i>1992</i>	<i>PNC Supervisors' Course</i>
<i>1982</i>	<i>CID Course</i>
<i>1974</i>	<i>Police car, van and fast response driver training</i>

**Security Clearance** **Yes / No** **If Yes, to what level?** *DV (2001)*

**Availability** *From March 2004*