



APPLICATION FORM
CONFIDENTIAL (WHEN COMPLETED)

FOR DATA PROTECTION PURPOSES, THIS APPLICATION FORM WILL BE REMOVED FROM OUR DATABASE AFTER ONE YEAR, IF YOUR APPLICATION WAS UNSUCCESSFUL

NOTES:

1. PLEASE USE BLACK INK AND CAPITAL LETTERS
2. PLEASE ANSWER ALL QUESTIONS (USE N/A, NO OR NONE IF A QUESTION DOES NOT APPLY)
3. PLEASE READ ALL SECTIONS CAREFULLY AND SIGN WHERE APPLICABLE

FOR OFFICE USE ONLY			
NAME:	ID:	PHOTO	
START DATE:	INDUCTION DATE:		
PROBATION DATE:	SIA LICENCE NO:		
SIA EXPIRY DATE:	LICENCE TYPE:		
Driving Licence <input type="checkbox"/>			
Own car <input type="checkbox"/>			
DOCUMENTS SEEN			
PASSPORT <input type="checkbox"/>	PASSPORT/VISA TYPE EXP <input style="width: 150px;" type="text"/>	SIA LICENCE	<input type="checkbox"/>
PROOF OF ADDRESS <input type="checkbox"/>	DRIVING LICENCE <input type="checkbox"/>	NATIONAL IDENTITY CARD	<input type="checkbox"/>
SCREENING LETTER ISSUED <input type="checkbox"/>			

Application received by:	Sign:	Date:
Approved by Admin Manager:	Sign:	Date:

Personal Details

Surname	Mr / Mrs / Miss / Ms	Forenames			
Date of Birth		Place of Birth			
Marital Status: Single / Married / Widowed / Separated		National Insurance No			
Surname at Birth, if different		Nationality			
E-mail:		Tel:		Mob:	
Current Address : From: To:		Do you need a work permit to authorize you to work in this country? Yes/ No			
		Which of the cards you have: Door Supervisor: Yes/ No () CCTV: Yes/ No () CSCS: Yes/ No ()			
Post Code:		Bank Details:	Name of Account	Sort Code	Account No
List Previous Addresses for Last 5 Years:					
Address:		From		To	
CRIMINAL OR CIVIL OFFENCES: HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES / NO ()					
If answer YES please specify:					
DO YOU HAVE ANY MOTORING OFFENCES YES/NO ()					
If answer is YES please specify?					
SIA Number:		Expiry Date of SIA			
Passport Number:		Expiry Date of Passport			
Visa Status: (TIER1 / TIER 2/ TIER3 TIER4 / EU/ BRITISH)		Expiry Date of Visa			
Uniform Details:		Next to Kin-In Case of Emergency Whom we have to contact			
Shirt/ Blouse/ Jacket: Neck Size: Chest Size:		Name: _____			
Trousers: Waist Size: Leg Length:		Relationship: _____			
		Address: _____			
		Phone Number: _____			

EDUCATION AND QUALIFICATIONS (STATE NAME AND ADDRESS OF ALL SCHOOL/COLLEGES ATTENDED)

DATES		SECONDARY SCHOOL/COLLEGE/UNIVERSITY FULL ADDRESS AND TELEPHONE NO.	EXAMS TAKEN, QUALIFICATION GAINED	OFFICE USE ONLY
FROM	TO			

EMPLOYMENT HISTORY:

Important Note: Please put last 5 years of employment, unemployment and educational History. Where there is a gap between jobs please complete a section for the gap and explain what you were doing during this time.

Company Name		Company Name	
Address		Address	
Email:		Email:	
Phone:		Phone:	
Position		Position	

Start Date		Start Date	
Date Finish		Date Finish	
Company Name		Company Name	
Address		Address	
Email:		Email:	
Phone:		Phone:	
Position		Position	
Start Date		Start Date	
Date Finish		Date Finish	

Use extra sheet if you want to complete your 5 years history or write on the back of this page.

PERSONAL REFERENCES

Please give details of two people, other than family who have known you for a minimum of **2 years** within the past **5 years** who we can approach for a reference (can't be ex-employer). Relatives or persons living at the same address cannot be refereee.

Name		Name	
Address		Address	
Email:		Email:	
Phone:		Phone:	
How long have they known you		How long have they known you	
Relationship		Relationship	

EQUAL OPPORTUNITIES MONITORING

METROPOLITAN SECURITY SERVICES LTD IS COMMITTED TO ACHIEVE EQUALITY OF OPPORTUNITY. TO HELP US IN ACHIEVING THIS AIM PLEASE COMPLETE THIS FORM.

PERSONAL DETAILS

TITLE _____ SURNAME _____ FIRST NAME(S) _____

POST APPLIED FOR _____ SECURITY OFFICER _____

GENDER: MALE FEMALE DATE OF BIRTH _____

MARITAL/PARTNERSHIP STATUS _____

ETHNIC BACKGROUND

1. WHITE

BRITISH ENGLISH SCOTTISH WELSH IRISH

OTHER WHITE BACKGROUND _____

2. ASIAN

PAKISTANI BANGLADESHI INDIAN CHINESE ARABIAN

OTHER ASIAN BACKGROUND _____

3. BLACK

CARIBBEAN AFRICAN OTHER BLACK BACKGROUND _____

4. MIXED

WHITE AND BLACK WHITE AND ASIAN WHITE AND BLACK AFRICAN

ANY OTHER MIXED BACKGROUND _____

DISABILITY

DO YOU HAVE ANY PHYSICAL AND/OR MENTAL IMPAIRMENT WITHIN THE CRITERIA OF THE DISABILITY DISCRIMINATION ACT, WHICH HAS A SUBSTANTIAL LONG TERM ADVERSE EFFECT ON YOUR ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES?

YES NO

IF YES, PLEASE GIVE DETAILS BELOW ALONG WITH ANY ADAPTATIONS THAT YOU WOULD REQUIRE TO

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENTS

ARE YOU ABLE AND FIT TO WORK NIGHT SHIFTS? STATE: YES <input type="checkbox"/> SIGNATURE: _____ NO <input type="checkbox"/> SIGNATURE: _____	OFFICE USE ONLY <input type="checkbox"/> REFERENCE DECLARATION SIGNED <input type="checkbox"/> DATA PROTECTION STATEMENT SIGNED <input type="checkbox"/> EQUAL OPPORTUNITIES FORM SIGNED <input type="checkbox"/>
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STATEMENT TO BE SIGNED BY APPLICANT

1. IF OFFERED EMPLOYMENT, IT WILL BE FOR A PROBATIONARY PERIOD OF 12 WEEKS
2. DURING THE PROBATIONARY PERIOD, YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINATED BY YOU (EXCEPT IN CASE OF GROSS MISCONDUCT), BY NOT LESS THAN THREE WEEKS NOTICE
3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, TRAINING AND MEDICAL EXPLANATION (IF REQUIRED) AND ADHERENCE TO THE TERMS AND CONDITIONS OF EMPLOYMENT
4. I HAVE READ AND UNDERSTOOD THE COMPANY'S EQUAL OPPORTUNITY POLICY
5. CUSTOMERS TELEPHONES ARE FOR BUSINESS USE ONLY. CRIMINAL PROCEEDINGS WILL BE INSTIGATED AGAINST ANY MEMBER OF THE STAFF WHO IS REASONABLY SUSPECTED OF THIS OFFENCE AND YOU WILL BE LIABLE FOR ANY COST INCURRED BY YOU
6. PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ INDICATE THE ABOVE POINTS IN THIS STATEMENT.

STATEMENT TO BE SIGNED BY APPLICANT

I _____
(FULL NAME IN CAPITALS)

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT AND I UNDERSTAND THAT PRESENTATION OF ANY FALSE INFORMATION IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE TO PROSECUTION.

IN ORDER TO COMPLETE THE EMPLOYEE SCREENING TO THE BS7858 STANDARD (AUTHORISE THAT ORGANIZATION TO APPROACH THE CREDIT REFERENCE BUREAU, ANY AGENCIES, FORMER EMPLOYERS AND PERSONAL REFERENCES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED.

APPLICANT'S SIGNATURE: _____ DATE: _____

DOCUMENTS REQUIRED
ATTACH THE FOLLOWING DOCUMENTS AND MARK THE BOX

P45 copy or P46 Copy	
2 x Passport size photos	
Proof of residency - Copy of Current Work permit and right to work in the UK (Visa)	
Copy of Current Passport	
1 Forms of identification driving licence-both parts, birth or marriage certificate	
Proof of own bank account copy/Cross check with form inside (Personal Details)	
Proof of National Insurance number Copy /Paper/ Card /Council P60	
2 x proofs of address not more than 3 months old-utility bill, NOT mobile phone bill	
Copy of SIA license and granted letter if applicable + copy of CRB	
Copy of any training certificates (First Aid, Fire Training, CCTV, Close Protection, etc. (If you have any)	
Employment Pack Completed?	
Candidate's Signature:	Date:
Documents checked and received by:	
Name:	Date:
Signature:	

Note: Please bring your ORIGINAL DOCUMENTS with the photocopies for verification purposes.

YOUR SECURITY SCREENING

Introduction As you may well be aware, we carry out security screening on you to ensure that you are not a present or potential future security risk. The British Standard which we must comply with in doing so is BS 7858:2019. Under the guidelines laid down by BS7858, you are required to provide evidence of previous employers, periods of self-employment, periods of unemployment, periods spent in full-time education, periods spent abroad and periods spent in prison. The purpose of this is to verify your whereabouts on a month by month basis for the last 5 years. Please complete the attached Application for Employment form fully and accurately

NAMES AND ADDRESSES. Please ensure that all names and addresses are accurate. Ensure that surnames are spelled correctly and all information is clearly written and legible.

CHARACTER REFERENCES should be three people that have known you on a month by month basis for at least five years. Neither referee should be related to you or be someone with whom you are in a long-term romantic relationship or reside at the same address as you. Please state their relationship with you and state for how long you have known them **on a continuous basis** or for which specific periods.

PREVIOUS EMPLOYERS State who your immediate superior was or who the person was to whom you were responsible. State also your job title at the time of leaving and your reason for leaving. Ensure all dates are recorded as month and year both for starting and for leaving employment with a company. A character reference will be requested from your immediate superior from your most recent period of employment.

SCREENING & VETTING: We will be conducting full screening.

NO LONGER TRADING: Previous employers who are no longer trading can present a problem. Provide as much detail as you can about the company and our Screening Controller will figure out what to do.

PERIODS OF SELF-EMPLOYMENT should be accompanied by details of your professional advisers (Accountants, Solicitors, and Bankers) during that period. Additionally, provide a letter instructing them to release details of yourself employment to the company or its agents.

PERIODS OF UNEMPLOYMENT should be accompanied by details of the office at which you were claiming the benefit or signing on. Additionally the Letter of Authority will serve as an instruction to release details of your claims to the company or its agents.

PERIODS OF FULL-TIME EDUCATION should be accompanied by accurate dates of courses. This should state the month and the year of the start and finish of the course, back to the date of leaving secondary education.

PERIODS SPENT ABROAD SHOULD BE ACCOMPANIED BY A VISA, Passport Stamp, Hotel Bills, Wage Slips (if working abroad), Credit Card Statements, etc, to show that you were where you said you were during this period.

From number: app-01

Version number: 01

Dated: September 2020

PERIODS SPENT IN PRISON should be accompanied by exact dates on a month by month basis. Accurate addresses of prisons are important including any prison reference number. If you have a Certificate of Discharge or similar please submit with the application form.

SCREENING PERMISSION SIGNED BY THE APPLICANT

I (write name) _____certify that to the best of my knowledge, the information I have given is complete and correct and I understand that misrepresentation of facts is grounds for immediate dismissal and renders me liable for prosecution. I authorize the company to approach any government agencies, former employers and personal referees to verify the information given and will supply a statutory declaration if required (I give permission for my present employer to be approached).

By signing this document, the applicant agrees that the company can carry out relevant checks to confirm whether the applicant has been made bankrupt or has any county court judgments.

Confidentiality agreement:

I agree not to disclose any confidential information gained during or after employment with the company about the clients or the company to any 3rd party. The company shall be entitled to apply for an injunction to prevent such disclosures or use to seek any other remedy including, without limitations, the recovery of damages in case of such disclosures or use.

Recruitment Policy:

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person on the grounds of race, colour, national origin, sex, marital status, age or disability.

I hereby authorize the company to seek references to support this application and release the company and its referees from any liability caused by giving and receiving of information

DECLARATION

The information given in this application form, to the best of my knowledge, is correct. I understand that any false statement or omission will make me liable for immediate dismissal.

SIGNED..... **DATE**.....

PRINT NAME IN BLOCK CAPITALS.....