



# METROPOL SECURITY

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			FROM ____/____ TO ____/____	Own Accord Dismissed Closed Redundant	<b>4</b>
			FROM ____/____ TO ____/____	Own Accord Dismissed Closed Redundant	<b>5</b>
			FROM ____/____ TO ____/____	Own Accord Dismissed Closed Redundant	<b>6</b>

### 9. DETAILS OF YOUR EDUCATIONAL BACKGROUND, IF YOU ATTENDED IN THE LAST 5 YEARS.

SECONDARY SCHOOL:  ADDRESS:  DATES YOU ATTENDED: From ____/____ To ____/____	UNIVERSITY / COLLEGE:  ADDRESS:  DATE YOU LEFT: From ____/____ To ____/____
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### 10. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY? Put a Cross (X) in the relevant box

YES  NO  IF YES PLEASE SPECIFY: \_\_\_\_\_

#### READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

- DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" GIVING NO LESS THAN 24 HOURS.
- CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY VETTING AND GENERAL PERFORMANCE.

#### **STATEMENT TO BE SIGNED BY THE APPLICANT**

I \_\_\_\_\_ 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 AUTHORISE DARKSTORM TRADING AS METROPOL SECURITY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN, AND WILL PROVIDE A STATUTORY DECLARATION IF REQUIRED. (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/ NO (DELETE)

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY: ENSURE THAT THIS APPLICATION FORM HAS BEEN FILLED OUT CORRECTLY. INCOMPLETE YES / NO

INTERVIEWERS NAME \_\_\_\_\_ SCREENING OFFICER \_\_\_\_\_

1. INTERVIEW SUCCESSFUL: YES / NO    2. SENSE TEST: PASSED / FAILED    3. INDUCTION TRAINING: YES / NO

**6. PERSONAL REFEREES**

PLEASE PROVIDE 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 be an Ex-Employer)

FULL NAME:  ADDRESS:  TELEPHONE:	FULL NAME:  ADDRESS:  TELEPHONE:
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**7. SELF-EMPLOYMENT PERIOD**

IN THE CASE OF PERIODS IF SELF-EMPLOYMENT PLEASE GIVE THE NAMES AND ADDRESSES OF SOMEONE WHO CAN CONFIRM YOUR DETAILS (i.e. BOOK KEEPER, ACCOUNTANT OR SOLICITOR).

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**8. PERSONAL HISTORY**

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF FIVE (5) YEARS OR BACK TO THE DATE YOU LEFT SCHOOL. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT (STATE THE UNEMPLOYMENT OFFICE WHICH YOU REPORTED TO), MILITARY SERVICE BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES.

EMPLOYERS FULL NAME AND ADDRESS	NAME OF THE PERSON YOU REPORTED TO	POSITION HELD	EMPLOYMENT & UN-EMPLOYMENT DATES, INCLUDE MONTH & YEAR	REASON FOR LEAVING (Circle relevant choice)	OFFICE USE:
			FROM ___/___/___ TO ___/___/___	Own Accord Dismissed Closed Redundant	<b>1</b>
			FROM ___/___/___ TO ___/___/___	Own Accord Dismissed Closed Redundant	<b>2</b>
			FROM ___/___/___ TO ___/___/___	Own Accord Dismissed Closed Redundant	<b>3</b>



**PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:**

FULL NAMES:

RELATIONSHIP Put a Cross (X) in the relevant box:

ADDRESS:   
  
POST CODE:

PARENT  SPOUSE  PARTNER

FAMILY MEMBER/OTHER

TELEPHONE:

**3. SIA LICENSING DETAILS (FOR SECURITY PERSONNEL )**

SIA LICENSE NUMBER:

ACTIVITY (e.g. Door Supervision) :

EXPIRY DATE:

**4. CRIMINAL OR CIVIL OFFENCES**

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED? (declaration subject to the Rehabilitation of Offenders Act 1974)

Put a Cross (X) in the relevant box:

YES  NO

DO YOU HAVE ANY MOTORING OFFENCES? Put a Cross (X) in the relevant box:

YES  NO

If answer YES please specify:

**5. BANKRUPTCY / COUNTY COURT JUDGEMENTS**

HAVE YOU EVER BEEN MADE BANKRUPT? Put a Cross (X) in the relevant box: YES  NO

DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? Put a Cross (X) in the relevant box: YES  NO

If answer YES please specify:



## Application Form

PLEASE  
AFFIX  
  
PHOTOGRAPH

Under the Data Protection Act 1998, Your data will be held in secure conditions with access restricted to those who need it to deal with your application and selection. Personal data relating to your application will be kept in secure conditions for up to Six years.

**ENSURE YOU READ THIS ADVICE THOROUGHLY BEFORE COMPLETING THIS FORM**

You must complete this Application Form accurately; Missing information or inaccurate information will result in a delay in processing your application for employment and as a result, you will not progress to the next Interview stage. So please ensure that when filling out this application form; the handwriting is clear, information given is detailed – taking special attention to the accuracy of the dates of employment and the names and addresses provided.

### 1. PERSONAL INFORMATION

APPLICATION FOR EMPLOYMENT AS (Put a Cross (X) in the relevant box):      SECURITY PERSONNEL   
NON-SECURITY PERSONNEL / OFFICE STAFF

SURNAME:

OTHER NAMES:

CURRENT ADDRESS:

TELEPHONE(HOME):

MOBILE:

POST CODE:

NATIONAL INSURANCE NO.

DO YOU HOLD A CURRENT UK DRIVER'S LICENCE? Put a Cross (X) in the relevant box      YES       NO

ARE YOU A CAR OWNER? Put a Cross (X) in the relevant box      YES       NO

### 2. PERSONAL DETAILS

PLACE OF BIRTH:

DATE OF BIRTH:

NATIONALITY:

DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK?  
YES       NO