

At MSG Risk we are always looking to grow our team. If you feel you have what it takes to join our fast growing successful security team, please fill out the form below with your details. Please fill out the form below with your details.

STRICTLY CONFIDENTIAL

Your Details

Title: Mr Mrs Ms Other

First Names:

Surnames:

Former Name (if applicable):

Email:

Telephone:

Date of Birth:

Marital Status:

Nationality:

National Insurance Number:

Your Address(es)

State ALL previous addresses where you have lived for the past six years, use a separate sheet if needed::

Current Address:

Town:

Region:

Postcode:

Date at address:

to:

Previous Address:

Postcode:

Date at address:

to:

Previous Address:

Postcode:

Date at address:

to:

Preferred Shifts

Weekdays

Weeknights

Weekend days

Weekend nights

SIA Licence:

Licence Type:

16 Digit SIA Licence No:

SIA Licence Expiry Date:

Are you subject to immigration control?

If yes, do you have unrestricted entitlement to take up employment in the U.K.

Previous Convictions

Have you ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)?

Are there any alleged offences outstanding against you?

If yes, please give details:

Court Orders

Have you ever been made bankrupt or have any Court Judgements made against you, whether satisfied or not, within the last 6 years?

Has any order been made against you by a Civil or Military Court or Public Authority?

If yes, please give details:

Bank Account Details

Name of Bank:

Roll No.

Bank Account No.

Account Holder:

Sort Code

Person to be contacted in an Emergency / Next of Kin

Their Name:

Relationship:

Their Address:

Town:

Region:

Postcode:

Their Work Tel No.

Their Home Tel No.

Employment Record

Starting with your last or present employer, **give details of your employment history for the last 5 years**, including details of full time education if it falls within that period. Include periods of self-employment and military service.

For any periods of unemployment give the address of the DWP Office which you reported or the name of a person (not a relative) who can confirm your whereabouts.

Please tick here if you do not wish us to contact your current employer.

Name and full address of current employer or name of job Centre/DWP Office:	Details:	Unemployment / Employment Dates (Month / Year)
Name:	Position held:	to:
Address:	Reporting to:	
	Reason for leaving:	
Postcode:		
Tel:		

Name and full address of previous employer or name of job Centre/DWP Office:	Details:	Unemployment / Employment Dates (Month / Year)
Name:	Position held:	to:
Address:	Reporting to:	
	Reason for leaving:	
Postcode:		
Tel:		

Name and full address of previous employer or name of job Centre/DWP Office:	Details:	Unemployment / Employment Dates (Month / Year)
Name:	Position held:	to:
Address:	Reporting to:	
	Reason for leaving:	
Postcode:		
Tel:		

Education

Education State name and address of schools attended from the age of 11.

Secondary School Attended	Dates	Qualifications Gained
Name:	to:	
Address:		
Postcode:		
Tel:		

Further Education College Attended	Dates	Qualifications Gained
Name:	to:	
Address:		
Postcode:		
Tel:		

Other Qualifications Gained

College / Training Company	Dates	Qualifications Gained
Name:	to:	
Name:	to:	
Name:	to:	
Name:	to:	

Personal References

Give the name and address of **two people** (continued on next page), who have known you well **for at least five years**, are still in contact with you and who will provide a written reference. They should not be a previous employer, relative or resident at the same address as yourself.

Their Name:	Their Tel No.
Their Address:	Town:
	Region:
	Postcode:
Occupation:	How Long Known: eg. '3 Years'

Personal References (continued)

Their Name:	Their Tel No.
Their Address:	Town:
	Region:
	Postcode:
Occupation:	How Long Known: eg. '3 Years'

Driving License

Do you hold a current full / provisional driving license?

Have you any driving convictions within the last 5 years?

If yes, please give details:

Health & Safety Information

Please provide the information requested below:

Vision: **Colour Blind:** **Sense of Smell:** **Hearing:** **Vest Side:**

European Working Directive Regulations Opt-Out Statement

I understand that the European Working Directive Regulations stipulate that a limit of 48 hours (including overtime) in a seven-day period (with an averaging period of seventeen (17) weeks), was imposed by the UK Government from October 1st 1998.

As this limit can be disregarded by Employer/Employee agreement, I would like to opt out of the European Working Directive Regulations regarding the limit on working hours per week. I agree to work more than 48 hours in a seven-day period, should I wish.

I wish to opt in to the 48-hour agreement and do not wish to work more than 48 hours per week.

I do not wish to opt in to the 48-hour agreement and I'm willing to work more than 48 hours per week.

I understand that I have the right to change my mind on the opt-out at any time by providing a minimum of seven days notice in writing.

Disclosure

You are applying for a position of trust and in the event of being offered employment by MSG Risk Management Ltd, we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment.

For more information ask a member of staff for a copy of the DBS Code of Practice / Disclosure Scotland Code of Practice and it or our Company policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document, you allow MSG Ltd to see a copy of the Disclosure.

The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the DBS Code of Practice. By completing this application, you agree to this process.

Security Screening & Declarations

I understand that any offer of employment is subject to satisfactory screening. I consent to being security screened and will provide information as required.

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete. I understand that any false statement or omission to MSG Risk Management Ltd or its representatives may lead to termination of employment without notice.

I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment.

I authorise MSG Risk Management Ltd or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record.

I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by MSG Risk Management Ltd. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to MSG Risk Management Ltd.

I authorise MSG Risk Management Ltd to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.

I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

I am aware that by signing this document I am bound by the MSG Risk Management Ltd Code of Confidentiality, this includes but is not limited to information regarding operatives, customers, suppliers, contractors, agency staff, and all other information regarding MSG Ltd.

DATA PROTECTION ACT 1998

MSG Risk Management Ltd will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to MSG Risk Management Ltd you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences.

You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By completing this application you agree to this process. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I understand that all the information I have supplied is correct.

Applicant Name:

Applicant Signature:

To complete your application

1. Make sure all information is complete and correct and that you have signed the document
2. Email this pdf back to us with a scan/picture of your passport to info@msgrisk.co.uk

OFFICE USE ONLY

I have checked the details of this application form and confirm that all information is complete and correct to the best of my knowledge.

Print Name:
Interviewer or screening officer

Date:

Signature: