

APPLICATION  
FOR  
EMPLOYMENT

PRIVATE AND  
CONFIDENTIAL



Moran Security Group  
Unit 2D  
Sandtoft Industrial Estate  
Belton  
Doncaster  
DN9 1PN

www.moran-security.com

Application for Employment as:

How did you hear about this vacancy?

Please complete this form in your own handwriting using ink in block capitals. Do not leave blank spaces, if an entry is inapplicable insert No or Nil. If there is insufficient space to provide a full answer please use a separate piece of paper.

1. PERSONAL INFORMATION

Surname  
Forenames  
Previous Surname(s)  
Current Address

Date of Birth  
National Insurance No.  
Nationality  
Home Telephone No.  
Mobile Number  
Email Address

Marital Status: Married  Single  Divorced  Separated  Widowed

Number of dependants

Age(s) of dependants

Partners occupation

Do you hold a current Driving Licence Yes  No  How long held?

Licence Number:

Details of any endorsements

Do you have access to a vehicle? Yes  No

2. WORK PERMITS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? Yes  No

If Yes, give details

If you are successful in your application would you require a work permit to work in the UK? Yes  No

3. LICENCING

Do you hold a current SIA Licence? Yes  No

Licence Number:

Licence Type:

Renewal Date:

Have you spent 6 consecutive months or more outside of the UK within the past 5 years? Yes  No

If Yes, give details

Give details of any previous addresses held over the past 5 years:

From:	To:	From:	To:	From:	To:
Address		Address		Address	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

**4. PHYSICAL RECORD (please answer Yes or No to each question)**

Height

Weight

Do you have normal vision

without Glasses / contact lenses? Yes  No

Are you colour blind Yes  No

With glasses / contact lenses? Yes  No

a normal sense of smell? Yes  No

Do you have normal hearing? Yes  No

Are you in good health? Yes  No

Do you now, or have you at any time during the last 8 years suffered from any of the following conditions?

High/Low Blood Pressure Yes  No

Angina / Heart Problems Yes  No

Diabetes Yes  No

Nervous / Mental Disorders / Stress Yes  No

Respiratory Conditions Yes  No

Epilepsy Yes  No

Slipped Disc or Back Trouble Yes  No

Fainting / Migraine / Headaches Yes  No

Are you at present, have you during the past six months taken any medication or treatment prescribed by a doctor?

Yes  No

Have you been absent from, or unable to work during the last two years?

Yes  No

Do you have any reason to think that you may not be sufficiently fit to work at night?

Yes  No

If Yes, to any of the above please give details:

**5. BACKGROUND INFORMATION (please answer Yes or No to each question)**

Have you ever been:

Cautioned? Yes  No

Discharged on payment of costs? Yes  No

Fined? Yes  No

Placed on Probation? Yes  No

Sentenced to imprisonment? Yes  No

Or had any order made against you by a civil, military court or public authority? Yes  No

Do you have any prosecution pending? Yes  No

Are there any alleged offences outstanding against you? Yes  No

Have you ever been declared bankrupt? Yes  No

Are there any outstanding judgements for debt against you? Yes  No

*If Yes to any, give details here*

**6. SERVICE RECORD**

Have you ever served in HM Forces? Yes  No

Date joined

Date discharged

Conduct Record

Regiment

Branch or Division

Rank

Service Number

## 7. EMPLOYMENT RECORD

Please take great care in entering the full postal addresses and employment dates, inaccuracies may lead to a delay in your employment. You must give, in date order, details of every job you have had for the last ten years, or since you left full time education. For any period of unemployment give the address of the office to which you reported and dates. Give details of all schools or colleges attended during the past ten years.

Employer's Name & Address	Person to whom you reported	Dates Month/Year From/To	Position Held	Reason for Leaving
Name of school or college	Name of tutor	Dates	Position Held	Reason for Leaving

If you have been **self employed** give the names and addresses of two persons who can confirm this. They may be firms with whom you have traded, your solicitor or accountant.

Trade References	How long known (Month/Year)	Occupation or Business
Name Address		
Name Address		

8. CHARACTER REFERENCES

Give names and addresses of three persons, not relatives or employees of Moran Security & Parking Ltd who have known you for at least two years within the past five years, whom we may approach for a Character Reference. Failure to complete in full will cause delay

1 Name _____ Occupation _____ Tel. No. _____	Address _____ _____ _____ Postcode _____
2 Name _____ Occupation _____ Tel. No. _____	Address _____ _____ _____ Postcode _____
3 Name _____ Occupation _____ Tel. No. _____	Address _____ _____ _____ Postcode _____

9. EDUCATIONAL, PROFESSIONAL, TECHNICAL OR LINGUISTIC QUALIFICATIONS

Give details

10. DETAILS OF ANY FIRST AID QUALIFICATIONS

Give details of any First Aid qualifications

11. DETAILS OF NEXT OF KIN

Name _____	Address _____
Relationship _____	_____
Telephone Number _____	Postcode _____

12. EQUAL OPPORTUNITIES

You are not required to provide the information requested below. If you choose to do so it will not be used to influence our consideration of your application in any way. Any information you provide in this section will be used solely to monitor the effectiveness of our equal opportunities policy.

I would describe my ethnic origin as: (please tick)

African / Caribbean <input type="checkbox"/>	European <input type="checkbox"/>	Asian <input type="checkbox"/>
UK/Irish <input type="checkbox"/>	Other please specify <input type="checkbox"/>	.....

STATEMENT TO BE SIGNED BY APPLICANT

I ..... certify that to the best of my knowledge, the information  
Full Name in Capitals

I have given is complete and correct, and I understand that misrepresentation of facts is ground for immediate dismissal and renders me liable for prosecution.

I authorise 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 understand that employment, if offered, is subject to satisfactory screening or medical examination as determined by the company

Applicant's Signature ..... Date .....

Interviewing Officer ..... Date .....