



# CILL DARA SECURITY SERVICES LTD

**MANNED SECURITY SPECIALISTS**

**CILL DARA HOUSE, MAIN STREET, NEWBRIDGE, Co. KILDARE.**

**Telephone : 045 - 434915 Fax : 045 - 435337**



<p style="text-align: center; font-weight: bold; font-size: 1.2em;">EMPLOYMENT APPLICATION</p> <p style="text-align: center;">PLEASE USE BLOCK CAPITALS</p>	<p style="text-align: center; font-weight: bold;">IS APPLICATION FOR FULL OR PART TIME WORK ?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30%; text-align: center; padding: 5px;">FULL TIME</td> <td style="width: 10%; text-align: center; padding: 5px;">PLEASE TICK</td> <td style="border: 1px solid black; width: 60%; text-align: center; padding: 5px;">PART TIME</td> </tr> </table>	FULL TIME	PLEASE TICK	PART TIME
FULL TIME	PLEASE TICK	PART TIME		

PLEASE ENSURE THAT ALL SECTIONS OF THE APPLICATION FORM ARE FULLY COMPLETED

FIRST NAME _____		SURNAME _____	
ADDRESS _____ _____		PREVIOUS ADDRESS _____ _____	
HOME TELEPHONE _____		MOBILE _____	
DATE OF BIRTH _____	NATIONALITY _____	PPS No. _____	
IF YOU ARE NOT AN IRISH / EEA CITIZEN - DO YOU HAVE A CURRENT WORK PERMIT ?			
HEIGHT _____	WEIGHT _____	MARITAL STATUS _____	
CAR / MOTOR CYCLE OWNER ?		FULL OR PROVISIONAL LICENCE HOLDER ?	
DO YOU HAVE A CURRENT FIRST AID CERT.?		DO YOU HAVE A CURRENT SAFE PASS CARD?	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR DO YOU HAVE ANY LEGAL ACTION PENDING AGAINST YOU ? (INCLUDING MOTORING OFFENCES)			
HAVE YOU EVER CLAIMED PERSONAL INJURIES ?			

*DETAILS OF FULL TIME AND FURTHER EDUCATION*

PLACE OF EDUCATION	DATES	QUALIFICATIONS RECEIVED

GIVE DETAILS OF ANY GARDA / ARMY / FCA EXPERIENCE

*AFFIX PASSPORT TYPE PHOTOGRAPH IN THIS AREA*



*PLEASE ENSURE THAT THE REVERSE SIDE OF THE APPLICATION FORM HAS BEEN COMPLETED*



<b>EMPLOYMENT RECORD</b>		<i>STARTING WITH YOUR LAST EMPLOYER – LIST YOUR EMPLOYMENT HISTORY FOR THE PAST TEN YEARS OR SINCE LEAVING FULL TIME EDUCATION</i>	
<b>EMPLOYER</b>		<b>ADDRESS</b>	
<b>FROM</b>	<b>TO</b>	<b>POSITION HELD</b>	
<b>REASON FOR LEAVING</b>			
<b>EMPLOYER</b>		<b>ADDRESS</b>	
<b>FROM</b>	<b>TO</b>	<b>POSITION HELD</b>	
<b>REASON FOR LEAVING</b>			
<b>EMPLOYER</b>		<b>ADDRESS</b>	
<b>FROM</b>	<b>TO</b>	<b>POSITION HELD</b>	
<b>REASON FOR LEAVING</b>			
<b>EMPLOYER</b>		<b>ADDRESS</b>	
<b>FROM</b>	<b>TO</b>	<b>POSITION HELD</b>	
<b>REASON FOR LEAVING</b>			

<b>DO YOU PRESENTLY HAVE FULL TIME OR PART TIME EMPLOYMENT ?</b>	<b>FULL TIME</b>	<b>PART TIME</b>	<b>PRESENT WAGE / SALARY</b>
<b>HAVE YOU HAD ANY SERIOUS ILLNESS OR DO YOU SUFFER FROM ANY DISABILITY ?</b>			
<b>INDICATE HOW THIS POSITION CAME TO YOUR ATTENTION</b>			
<b>PLEASE GIVE THE NAMES OF TWO REFEREES – NOT RELATED TO YOU – THAT WE MAY APPROACH FOR A REFERENCE (VERBALLY OR IN WRITING). THESE PEOPLE SHOULD REPRESENT PREVIOUS EMPLOYERS OR OTHERWISE RESPONSIBLE INDIVIDUALS.</b>			
<b>NAME</b>		<b>COMPANY / ADDRESS</b>	
<b>POSITION</b>		<b>TELEPHONE</b>	
<b>LENGTH OF TIME KNOWN TO YOU</b>			
<b>NAME</b>		<b>COMPANY / ADDRESS</b>	
<b>POSITION</b>		<b>TELEPHONE</b>	
<b>LENGTH OF TIME KNOWN TO YOU</b>			
<b>I ACCEPT THAT ANY FALSE OR MISLEADING STATEMENTS MADE IN THIS APPLICATION, OR FAILURE TO DISCLOSE MATERIAL FACTS RELEVANT TO THE POSITION, MAY LEAD TO FUTURE DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL</b>			
<b>SIGNATURE : -----</b>		<b>DATE : -----</b>	