



Office Use Only

Ref No:
 Date:
 App. No: _ _ _ _ _

Interview : Yes
 No
 Shortlist

Date _ / _ / _

Interviewers:
 Location



Application Form

All sections of your application must be completed accurately and received before the closing date. This application must be used for current vacancies only. Please print or complete in block letters and send to address below before the closing date.

Only applications selected for interview will be contacted.

Over 20 years a Professional Independent

| | |
|---|---|
| Position applied for: | |
| Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Day <input type="checkbox"/> Night <input type="checkbox"/> |
| Derry <input type="checkbox"/> | Coleraine <input type="checkbox"/> |
| Ballykelly <input type="checkbox"/> | Head Office <input type="checkbox"/> |

Thank you for your interest in Moran's Retail Limited

Moran's Retail Group is an Equal Opportunities employer and is committed to ensuring that no employee or prospective employee will be treated less favourably on the grounds of sex, marital status, sexual orientation, gender reassignment, religion, race, ethnic origin, creed, national origin, colour disability. It would be appreciated therefore if all applicants would complete the enclosed 'Equal Opportunities Monitoring Form'.



EXAMINATIONS

(Taken and passed)

| Subject | Level/Stage Eg. GCSE 'O' / 'A' RSA | Grade Obtained | Year |
|---------|---------------------------------------|----------------|------|
| | | | |

FURTHER EDUCATION

| Degree/Diploma/Certificate | Subjects taken and year | Result | Examinations yet to be taken |
|----------------------------|-------------------------|--------|------------------------------|
| | | | |

PROFESSIONAL QUALIFICATIONS

| Name of Professional Body | Part No. with date and result | Final with date and result | Examinations yet to be taken |
|---------------------------|-------------------------------|----------------------------|------------------------------|
| | | | |

EMPLOYMENT HISTORY

(Starting with most recent)

| From/to | Name of employer & Address | Job title | Duties & responsibilities | Salary at leaving | Reason for Leaving |
|---------|----------------------------|-----------|---------------------------|-------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever been dismissed or asked to leave your previous employment? (if yes give details)

| |
|--|
| |
|--|

Period of Notice required from present employer _____

During the past 24 months how much time have you been absent from work due to illness?

| | | | |
|-----------------------------------|------|---------|----------------------------|
| Absence during previous 24 months | Day: | Months: | Total Certified by Doctor: |
|-----------------------------------|------|---------|----------------------------|

Reason:

| |
|--|
| |
|--|

ADDITIONAL INFORMATION

Please describe any other activities which may be relevant to this application (eg hobbies, interests, courses attended etc.)

Please state how your previous experience may be relevant to your application

Please state your reasons for seeking employment with Moran's Retail Group.

Are you a Smoker?

Yes

No

Disclosure of Criminal Background

You must provide information about all convictions. You are required to answer the following questions but you do NOT need to disclose convictions, which under the Rehabilitation of Offenders Act 1974 are considered as 'spent'

Have you ever been convicted of a criminal offence?

Yes

No

Have you ever been cautioned for a criminal charge?

Yes

No

Are you at present the subject of a criminal charge

Yes

No

If YES to any of the above questions, please give brief details below including dates.

REFEREES

Please give names and addresses of 2 people who would be willing to act as referees. One should be your most recent employer and neither should be a relative:

| | |
|-------------|-------------|
| Name: | Name: |
| Address: | Address: |
| | |
| Occupation: | Occupation: |
| Work No: | Work No: |
| Mobile No: | Mobile No: |
| Email: | Email: |

(Referees will be contacted after successful interview unless otherwise instructed)

QUESTIONNAIRE

Thank you for applying for a position with Moran's Retail Group. This questionnaire is designed to help you evaluate if you would like to work with us and if so, would you be a valuable member of our team.

Our hours of business vary within our three outlets, starting from 6am and finishing at 2am. The weekly hours worked range from 6 to 32 plus per week. At Moran's we believe in a work – life balance.

If after consideration you believe you would be an asset and would like to join our team we would ask you to complete the following information truthfully and honestly. If on the other hand you feel a position with Moran's Retail Group is not for you, there is no need to do anything further and we thank you for your time and interest in Centra.

Please tick or complete the appropriate boxes in answer to the questions below. Please answer honestly as this will determine the hours you may have to work if you are successful in receiving a position with our company:

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. What time can you start work? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">6 - 7am</td> <td style="text-align: center;">3 - 4pm</td> <td style="text-align: center;">6 - 7pm</td> <td style="text-align: center;">Anytime</td> </tr> <tr> <td style="padding: 5px;">Monday – Friday</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Weekends</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | 6 - 7am | 3 - 4pm | 6 - 7pm | Anytime | Monday – Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | 6 - 7am | 3 - 4pm | 6 - 7pm | Anytime | | | | | | | | | | | | | | | | | | |
| Monday – Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 2. What time can you finish work? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">1pm</td> <td style="text-align: center;">4pm</td> <td style="text-align: center;">9pm</td> <td style="text-align: center;">11pm</td> <td style="text-align: center;">2-3am</td> <td style="text-align: center;">Anytime</td> </tr> <tr> <td style="padding: 5px;">Monday – Friday</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Weekends</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | 1pm | 4pm | 9pm | 11pm | 2-3am | Anytime | Monday – Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1pm | 4pm | 9pm | 11pm | 2-3am | Anytime | | | | | | | | | | | | | | | | |
| Monday – Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 3. When would you prefer to work? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Morning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Afternoon</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Nights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Don't mind</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Nights | <input type="checkbox"/> | Don't mind | <input type="checkbox"/> | | | | | | | | | | | | | |
| Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Nights | <input type="checkbox"/> | Don't mind | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 4. How many shifts would you prefer to work per week? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1 or 2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">More</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">2 or 3</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | 1 or 2 | <input type="checkbox"/> | More | <input type="checkbox"/> | 2 or 3 | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1 or 2 | <input type="checkbox"/> | More | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 2 or 3 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| 5. Are there any days on a regular basis you are unavailable for work? Reason: | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Monday</td> <td style="text-align: center; padding: 5px;">Tuesday</td> <td style="text-align: center; padding: 5px;">Wednesday</td> <td style="text-align: center; padding: 5px;">Thursday</td> <td style="text-align: center; padding: 5px;">Friday</td> <td style="text-align: center; padding: 5px;">Saturday</td> <td style="text-align: center; padding: 5px;">Sunday</td> <td style="text-align: center; padding: 5px;">None</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | None | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 6. If you are a student – please state your school timetable i.e. 9am – 2pm | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">Monday</td> <td style="width: 20%;">Tuesday</td> <td style="width: 20%;">Wednesday</td> <td style="width: 20%;">Thursday</td> <td style="width: 20%;">Friday</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | Monday | Tuesday | Wednesday | Thursday | Friday | | | | | | | | | | | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 7. If you are a student, will you be returning home at weekends or holidays? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Not applicable</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">All weekends</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Breaks/holidays</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Some weekends</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p><i>If so, please give details:</i></p> | Not applicable | <input type="checkbox"/> | All weekends | <input type="checkbox"/> | Breaks/holidays | <input type="checkbox"/> | | | Some weekends | <input type="checkbox"/> | | | | | | | | | | | |
| Not applicable | <input type="checkbox"/> | All weekends | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Breaks/holidays | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| Some weekends | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| 8. Would you be prepared to work at short notice to cover absenteeism etc? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 9. How long do you anticipate working in this position? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Three months</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Six months</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">One Year</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Long term</td> <td style="text-align: center;">.....</td> </tr> </table> | Three months | <input type="checkbox"/> | Six months | <input type="checkbox"/> | One Year | <input type="checkbox"/> | Long term | | | | | | | | | | | | | | |
| Three months | <input type="checkbox"/> | Six months | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| One Year | <input type="checkbox"/> | Long term | | | | | | | | | | | | | | | | | | | | |

DECLARATION

I hereby declare the information given in this application is, to the best of my knowledge, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of employment or my employment being terminated without obligation or liability to the company other than for services rendered
Please return to Store Manager, Email HR@Moransretail.com or post to Moran's Retail Limited, 138b Strand Road, Derry, BT48 7PB

Signed _____

Date _____



PEOPLE PEOPLE

Reference Number

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Fair Employment (Northern Ireland) Act 1989

In accordance with the above legislation the company must now submit a monitoring return to the fair employment commission detailing statistically the religious breakdown of our employees and applicants.

The employment policy for this company is based solely on the merit of principle. This means selecting the best person for the job without regard to sex, marital status, religion, politics or disability.

This part of the application form is for statistical purposes only and will not be made available to those involved in recruitment & selection.

Information Required

Please tick one box

1. Sex

- Male Female

2. Marital Status

- Single Married Other

3. Religion

- Protestant Roman Catholic Other

4. Registered Disabled

- Yes No

5. Source of application

Please indicate where or from whom you learned about this vacancy:

a Job market (state which one)

b Advertisement (state name of newspaper, etc)

c Other (please specify)

Note: Please ensure that you have answered the above questions fully. Failure to complete and return this form will mean that your application will not be considered.