

**CONFIDENTIAL**

**ARCHIE MOSS**  
Belton Road, Loughborough  
Leics LE11 1NE

**Application Form**

Surname:		Other Names:		Position Applied For:	
Address:				Amount of Notice Required By Present Employer:	
				Do You Hold A Current Driving Licence? If Yes, State Kind (Private, HGV, etc)	
Home Telephone No.		Mobile Telephone No.		Marital Status: (optional)	
Date of Birth: (optional)		Place of Birth	Nationality at Birth: Nationality Now: If Registered Alien given Registration No.		
Dependants: (Give ages of children)			Have you any Disability: If Registered Disabled, Give Number		
<b>General Education – Full Time Schooling under 18</b>					
Dates		Name of School	Examinations Passed and Grades		
From	To		GCSE	'A' Levels	Others
<b>Higher Education</b>					
Dates		Place of Study	Major Subjects Studied	Qualifications Obtained	
From	To				
<b>Other Training In Industry – Please Give Details of Any Course Not Covered Above</b>					
Dates		Place of Study	Nature of Course	Apprenticeship and/or Qualifications/Exams Obtained	
From	To				
<b>Service in H.M. Forces</b>					
Dates					
From	To				
<b>Leisure Activities – Please Give Details of Interests, Hobbies, etc.</b>					

**EMPLOYMENT HISTORY****Please Commence With First Employer And Specifically Include Any Previous Employment With This Company Or Its Subsidiary Companies**

Dates		Name and Address of Employer, Nature of Business and Position Held	Reason for Leaving	Final Salary
From	To			

<b>CRIMINAL CONVICTIONS:</b>	
Have you ever been convicted of a criminal offence?	Yes / No
Are you facing any criminal prosecutions?	Yes / No
For FSA Regulation purposes please declare whether you have any outstanding CCJ's or have ever been declared bankrupt or previously been dismissed for any FSA related irregularities (where applicable to position)	Yes / No
<b>ADDITIONAL INFORMATION:</b>	
Is There Anything Else You Would Like To Add?	
I declare that the information given in this form is correct, and in the event of my being offered an appointment I agree to references being taken up. To the best of my knowledge I am in good health, but will undergo a Medical Examination if required by the Company	
Signature: _____	Date: _____

<b>PERSONAL REFERENCES:</b>	<b>Please provide the details of two people we could approach for references having obtained your permission:</b>
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone Number:	Telephone Number:

<b>FOR OFFICE USE ONLY – Remarks</b>	<b>Name and Full Postal Address of Bank &amp; Personal A/C Number</b>
N.I. Number Attached/To Follow	P45/N.I. Card Authorised QD126/1
Job Title:	Job Number:
Commencement Date:	Starting Salary:
Location:	Department: