

MOSS BROS GROUP PLC

CONFIDENTIAL

APPLICATION

FOR EMPLOYMENT

Payroll No.

Store No.

Return completed form to:
8 ST JOHN'S HILL
CLAPHAM JUNCTION
LONDON SW11 1SA
Telephone: 020 7447 7200

Please use block capitals and write clearly throughout

Store Name

POSITION APPLIED FOR:

PERSONAL DETAILS

Title: Mr Mrs Miss Ms

Surname: _____ Previous Surname: _____

First Name(s): _____

Address: _____

Postcode: _____

Home Telephone: _____ Mobile Number: _____

Email Address: _____ National Insurance No. _____

If you do not have an NI number,
do you require a work permit for
employment in the UK? Yes No

If yes, do you have a valid
work permit for the UK? Yes No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Postcode: _____

Home Telephone: _____ Work/Mobile Number: _____

EDUCATION & TRAINING

SECONDARY SCHOOLS ATTENDED	DATES		EXAMINATIONS TAKEN AND RESULTS
	From	To	
FURTHER EDUCATION AND FORMAL TRAINING	From	To	COURSES TAKEN AND RESULTS

EQUAL OPPORTUNITIES

STATEMENT

Moss Bros is an equal opportunities employer.

Moss Bros' recruitment and selection decisions are based on objective, pre-determined job-related criteria, in line with the Company's Equal Opportunities Policy and current legislation. The criteria are developed from the job description and requirements.

HEALTH

Moss Bros welcomes applications from disabled people.

Do you suffer from a disability or serious medical complaint? Yes No

If yes, please provide details and please specify whether there are any special arrangements you would like us to make which would help you in your application, at an interview or in employment.

REHABILITATION OF OFFENDERS ACT 1974

Have you been convicted of a criminal offence which is unspent under The Rehabilitation of Offenders Act 1974, received a formal police caution or are you facing criminal prosecution? Yes No

If yes, please provide details.

Please be aware that for certain positions within Moss Bros, we will require you to apply for standard disclosure

DECLARATION

I confirm that the information given in this application form is to the best of my knowledge true and correct.

I understand that any false statement given may be sufficient cause for rejection of my application or termination of my employment.

I authorise the Company to obtain references to support this application once an offer has been made and accepted and release the Company and any referees from liability caused by giving and receiving information.

Signature _____ Date _____

The Data Protection Act 1998 regulates the use of information about an individual and requires that any person, firm or company who is to use information about an individual first obtains consent from the individual. I understand that this information may be stored and processed after the recruitment procedure, or passed to an associated company for them to process, and I give my consent for my details to be used for this purpose.

Signature _____ Date _____

Your application will be kept for a maximum of 6 months after which time it will no longer be considered valid for recruitment purposes.

To be completed by the Store Manager

All starters received in Head Office after 13th of the month will receive first payment at the end of the following month

Staff No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
Position Taken _____	Start Date Day _____ Month _____ Year _____
Store Name _____	Store No. _____ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Surname _____	Forename _____
Address _____	
_____ Post Code _____	
Date of Birth: Day _____ Month _____ Year _____	NI Number
P45 / P46 Attached <input type="checkbox"/> To follow <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

THIS SECTION MUST BE COMPLETED BY THE EMPLOYEE

Bank Details

Bank Name _____ Branch _____

Sort Code Account No.

Building Society / Roll No. (if applicable) _____

Name Account held in _____ Account Holders Signature: _____

Daily contracted hours to be worked (please enter the number or hours against each day excluding lunch breaks)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Salary £ _____ Hourly Rate £ _____ Comm Yes/No

Please note that this form will only be processed if completed CORRECTLY and signed by both Manager and New Starter

Authorised

Employee's Signature _____ Date _____

Manager's Signature: _____ Date _____

Payroll Use Only

Monthly Salary £ _____

Calculation _____

Inputed by _____ Checked by _____

FOR THE ATTENTION OF THE STORE MANAGER

Documents to be included with application form:

- Fully completed Application Form
- Completed Equal Opportunities Form

Confirmation that the employee is legally allowed to work in the UK

- Copy of Passport
or
- Copy of Proof of National Insurance Number
and
- Copy of long Birth Certificate

- Passport Photograph

- Completed Numeracy Test

- P45 or P46 (or to follow)

- Structured interview Form or Interview Notes

Points to note:

- PLEASE ENSURE THAT ALL DOCUMENTS ARE SIGNED BY EMPLOYEE AND THE STORE MANAGER

- PLEASE ENSURE THAT NEW EMPLOYEES PROVIDE FULL ADDRESSES FOR PREVIOUS EMPLOYERS

PLEASE SEND FULLY COMPLETED NEW STARTER PAPERWORK TO
THE PERSONNEL DEPARTMENT NO LATER THAN 2 DAYS AFTER
THE EMPLOYEE COMMENCES EMPLOYMENT