APPLICATION FORM

*PLEASE RETURN THIS COMPLETED FORM TO: ARGO FEEDS LTD OR ARGO HAULAGE LTD

KIRKWOOD MILL

PENISTONE STH YORKS

APPLICANT (please complete in ink in block capitals)

POSITION REQUIRED:

S36 6HQ

FORENA	ME(S):) YOU HAVE	A CURRENT CLEAN DRIVERS LICENCE:	YES / NO		
SURNAME:			FC	FOR WHAT CLASSES OF VEHICLE:				
HOME ADDRESS:				NUMBER OF PENALTY POINTS ON CURRENT DRIVING LICENCE:				
			HA	AVE YOU EVE	R HAD YOUR DRIVING LICENCE REVOKED:	YES / NO		
			DO	O YOU HAVE	YOUR OWN TRANSPORT:	YES / NO		
TEL. NO. (HOME):			Y	OU'RE LIVING	ACCOMODATION:			
MOBILE NO.:				WNER / REI	NTED / LIVING WITH PARENTS			
E-MAIL (HOME):								
DATE OF BIRTH:								
GENERA	L EDUCATIO	N – Please give details of schools atte	nded in da	te order.				
FROM	то	NAME OF SCHOOL:						
	1	N / TRAINING – Please give details of	College / C	rganisation	attended in date order.			
FROM	ТО	NAME OF ORGANISATION:						
ΕΧΔΙΛΙΝ	IATION RESI	ILTS / QUALIFICATIONS OBTAINED						
DATE	1	QUALIFICATION	GRADE	DATE	SUBJECT / QUALIFICATION	GRADE		
	JOBILEI /	QUALITICATION	0.0.00	DAIL	SOBJECT / QUALITICATION	GRADE		

DETAILS OF PRESENT EMPLOYER (or last job if currently unemployed)				
DATE FROM: DATE TO:	RESPONSIBLE TO:			
YOUR JOB TITLE:	YOUR MAIN DUTIES:			
EMPLOYERS NAME & ADDRESS:				
	AVERAGE HOURS WORKED (INC. OVERTIME):			
	BASIC PAY (BEFORE DEDUCTIONS):			
NATURE OF BUSINESS:	£PER ANNUM OR £PER HOUR			
REASON FOR LEAVING / WANTING TO LEAVE:				
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)			
DATE FROM: DATE TO:	RESPONSIBLE TO:			
YOUR JOB TITLE:	YOUR MAIN DUTIES:			
EMPLOYERS NAME & ADDRESS:				
	REASON FOR LEAVING:			
	N.2. 130. (1 0 N. 22) (1 N. 13)			
NATURE OF BUSINESS:				
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)			
DATE FROM: DATE TO:	RESPONSIBLE TO:			
YOUR JOB TITLE:	YOUR MAIN DUTIES:			
EMPLOYERS NAME & ADDRESS:				
	REASON FOR LEAVING:			
	REASON FOR LEAVING.			
NATURE OF BUSINESS:				
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)			
DATE FROM: DATE TO:	YOUR MAIN DUTIES:			
EMPLOYERS NAME & ADDRESS:				
	REASON FOR LEAVING:			
NATURE OF BUSINESS:				

GENERAL DETAILS:							
SUMMARY OF YOUR PRACTICAL / SPECIALIST SKILLS ACQUIRED							
SUMMARY OF YOUR PRACTICAL / SPECIALIST SKILLS ACQUIRED							
WHAT ARE YOUR MAIN INTERESTS?							
WHAT ARE YOUR IMAIN INTERESTS!							
DO YOU HAVE ANY OTHER EMPLOYMENT (Including part-time/night work) WHICH YOU INTEND TO CONTINUE? YES /	/ NO						
(If yes give details)							
HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT? YES /	/ NO						
(if yes give reason)							
DECLARATION : (Please read carefully, then sign and date your application)							
I confirm that the above information is correct and I consent to it being processed for the purposes of recruitment. I also understand t	hat						
misleading statements may be sufficient grounds for cancelling any agreements made and that questions left unanswered may be							
discussed at interviews arising from this application.							
APPLICANT SIGNATURE: DATE:							
AT EIGHT SIGNATORE.							
FOR OFFICE USE ONLY							