

APPLICATION FOR EMPLOYMENT **ROBBINS** TIMBER

ROBBINS TIMBER, BROOKGATE, ASHTON VALE TRADING ESTATE, BRISTOL, BS3 2UN
Tel: 0117 963 3136 Fax: 0117 963 7927 Email: timber@robbins.co.uk

Your Details

Surname:	First Names:
Address:	DATE:
	Daytime Tel:
	Evening Tel:
	Mobile Tel:
Postcode:	Date of birth:
Do you have any health condition (physical or mental) which could limit your ability to perform for the job you are applying? Yes / No	Are you eligible for employment in the UK? Yes / No Marital status: single / married / divorced / widowed Number of dependants:
If Yes please describe how you would be able to perform in spite of it.	
Do you have a current full driving licence? Yes / No. Is it Clean? Yes / No If, No please give details:	
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? Yes / No. If Yes Please Give details:	

Employment with Us

Position applied for
Pay expected £ Per month / week / year
Would you work full time? Yes / No Part Time Post please state hours / days available
If offered this position, will you continue to work in any other capacity?
Have you previously worked for us? Yes / No. If yes, when?
On what date would you be available for work?

Personal References

Please give details of two people (not relatives or former employers) we could approach for references. They will not be approached before offering you a job.	
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Telephone:	Telephone:

Your Education and Interests

Schools	from	to	Examinations and results
College / University	from	to	Courses and results
Further education and formal training	from	to	Courses and results
Professional membership and qualifications			
Please outline the skills and experience you have gained through paid employment and other work activities.			
Please outline your hobbies and interests.			

Your Employment History

Please list below present and past employment, beginning with your most recent.

Name & Address of Company & Type of Business	From	To	Starting Salary	Leaving Salary	Reason For Leaving	Name of Supervisor
Telephone:	Please describe the work you did:					

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Name & Address of Company & Type of Business	From	To	Starting Salary	Leaving Salary	Reason For Leaving	Name of Supervisor
Telephone:	Please describe the work you did:					

The facts set forth in this application are, to the best of my knowledge, true and complete.

Signed:

Date: