

## **APPLICATION FOR EMPLOYMENT**

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

## **Your Details**

First Names:

Daytime Tel: Evening Tel: Mobile Tel: Email:

Date:

Surname:

Address:

Telephone:

| Postcode:  | Date of birth:  |  |  |  |
|--|---|--|--|--|
| Are you eligible for employment in the   | Marital status: single / married / divorced / widowed           |  |  |  |
| employment<br>Yes / No   | Number of dependants:   |  |  |  |
| 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, of Offenders Act 1974? Yes / No. If Yes Please Give  | other than a spent conviction under the Rehabilitation details: |  |  |  |
| Employm  | ent with Us   |  |  |  |
| Position applied for   |   |  |  |  |
| Pay expected £ Per month / week / year   |   |  |  |  |
| Would you work full time? Yes / No Part Time Post p  | 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 They will not be approached before offering you a jo | former employers) we could approach for references.             |  |  |  |
| Name:  | Name:   |  |  |  |
| Address:   | Address:  |  |  |  |
| Occupation   | Occupation:   |  |  |  |

Telephone:

## **Your Education and Interests**

| Schools   | from | to | Examinations and results |  |  |  |  |  |  |
|---|------|----|--------------------------|--|--|--|--|--|--|
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
| College / University  | from | to | Courses and results      |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
| Further education and formal training   | from | +0 | Courses and regults      |  |  |  |  |  |  |
| 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.   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
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|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
| Please outline your hobbies and interests.  |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |
|   |      |    |                          |  |  |  |  |  |  |

## Your Employment History Please list below present and past employment, beginning with your most recent.

| Name & Address of<br>Company & Type<br>of Business | From                              | То | Starting<br>Salary | Leaving<br>Salary | Reason<br>For<br>Leaving | Name of<br>Supervisor |  |  |
|--|-----------------------------------|----|--------------------|-------------------|--------------------------|-----------------------|--|--|
|  | Please describe the work you did: |    |                    |                   |                          |                       |  |  |
| Telephone:   |                                   |    |                    |                   |                          |                       |  |  |
| Name & Address of<br>Company & Type<br>of Business | From                              | То | Starting<br>Salary | Leaving<br>Salary | Reason<br>For<br>Leaving | Name of<br>Supervisor |  |  |
|  | Please describe the work you did: |    |                    |                   |                          |                       |  |  |
| Telephone:   |                                   |    |                    |                   |                          |                       |  |  |
| Name & Address of<br>Company & Type<br>of Business | From                              | То | Starting<br>Salary | Leaving<br>Salary | Reason<br>For<br>Leaving | Name of<br>Supervisor |  |  |
|  | Please describe the work you did: |    |                    |                   |                          |                       |  |  |
| Telephone:   |                                   |    |                    |                   |                          |                       |  |  |
| Name & Address of<br>Company & Type<br>of Business | From                              | То | Starting<br>Salary | Leaving<br>Salary | Reason<br>For<br>Leaving | Name of<br>Supervisor |  |  |
|  | Please describe the work you did: |    |                    |                   |                          |                       |  |  |
| Telephone:   |                                   |    |                    |                   |                          |                       |  |  |

Signed: Date: