



Personal Information

Name	Nationality
<input type="text"/>	<input type="text"/>

Date of Birth	Marital Status
<input type="text"/>	<input type="text"/>

Address

Postcode	Contact Number
<input type="text"/>	<input type="text"/>

Email address

N.I Number	Tax ref. number
<input type="text"/>	<input type="text"/>

Do you require a work permit?

Yes No

If no, please give details below

Do you hold a current full driving licence?

Yes No

Have you ever been convicted of an offence?

Yes No

If yes, please give details below

Referees

Referee 1

Address

Profession

How long have you known this person?

Referee 2

Address

Profession

How long have you known this person

Referees (must include current employer) . please note that EMPLOYMENT REFERENCES will be sought from your last employment, also from your current employer. All offers of employment are made subject to adequate references being obtained.



Employment History

From	To	Company	Position	Reason for leaving

Education

From	To	Institution	Qualifications	Grade

The company retains the right to withdraw the offer of employment or terminate the contract of employment should unacceptable references be received.



Hobbies

Do you believe you have a disability

Yes No

If yes, please describe the nature of your disability

Please indicate the periods you will be able to work

Full time positions are fully flexible and include working evenings and weekends.

	AM	PM	Both
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best time for an interview

Period of notice required by current employer



Equal opportunity

We aim for our policies, actions and recruitment strategy to support our belief that nobody should face discrimination on the grounds of their gender, race, religion, disability, age, marital status or sexual orientation, or are disadvantaged in any way.

Data protection

Upon receipt of your application form, Robinson's will be the data controller of your personal data. Robinson's will hold all information you have given on this application form for legal requirements and for the purpose of personal administration and statistical analysis.

Your information will be held on a manual file and will also be entered in its current or altered format onto the Company's computerised database. No information may be passed onto a third party unless required by law.

Your signature below indicates your agreement to the above.

Declaration

I declare that the information given on this application form is, to my knowledge, true. I understand that if it is subsequently discovered that any statement is false or misleading, my offer of employment may be withdrawn or I may be dismissed from my employment by the company without notice. I also agree to a medical examination if required.

If I take up employment I understand it may be necessary for security purpose for Robinson's to carry out a credit reference on Senior and Duty Management, all cash handling employees and Warehouse Management.

Please tick here if you have any objections to such a check being undertaken.

It must be understood that for certain jobs a refusal may preclude an offer of employment being made.

At any time after employment has commenced the Company may require the provision of a Subject Access Report for certain positions. Failure to provide this document or if the Subject Access Report is deemed to be unacceptable we reserve the right to terminate your employment. It is the Company's sole right to determine if the information provided is unacceptable.

Please tick here if you have any objections about obtaining this report.

Signature

Date

For Office Use Only

Application reviewed by	<input type="text"/>		
Interview letter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date sent	<input type="text"/>
Interview Date	<input type="text"/>		
Rejection letter required	<input type="text"/>	Date sent	<input type="text"/>
Interviewed by	<input type="text"/>		
Offer letter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date sent	<input type="text"/>
Pay rate offered	<input type="text"/>	Start date agreed	<input type="text"/>
Induction held by	<input type="text"/>	Location	<input type="text"/>
Referees contacted on	<input type="text"/>	Referees contacted by	<input type="text"/>
Rejection letter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	<input type="text"/>