THE ROBERT PRICE GROUP APPLICATION FORM for YARD, FORKLIFT & GOODS IN

Robert Price is an equal opportunities employer
An electronic version of our Privacy Policy is published on our website: www.robert-price.co.uk
Please contact us on 01873 858585 if you require an application form in large print.

Personal Details
Your full name:
Home address:
E-mail address:
Phone number(s):
Nationality:
What documents will you be producing in support of your right to work in the UK?
Give details of any unspent criminal convictions that you may have (Rehabilitation of Offenders Act 1974):
Where did you hear about this vacancy?
If this was from an existing Robert Price employee, please give their name:
What other employment interests do you have:
If offered this position, will you continue to work in any other capacity? If yes, please give details including hours:
Please give details of the remuneration package you require:
How much notice do you have to give (if relevant) and when would you be available to start work?
Is the role you have applied for within commutable distance for you and how would you travel to work?
Interviews
Preliminary interviews may be conducted remotely using Teams or Zoom. Do you have access to these platforms?
For interviews in person, what reasonable adjustments are required for you to attend, so that you can give your best?
Say here if there is a time or day of the week which suits you best?
Adjustments
If successful, what reasonable adjustments are required in the workplace to allow you to take up the role?

Name & Address	From:	To:	Starting	Leaving	Name of Manage		
of Employer	Month &	Month &	Salary	Salary			
	Year	Year	,	,			
			£	£			
			per	per			
	Job Title Describe the work you did:						
Tel:							
Type of business	Reason for le	eaving					
Name & Address	From:	То:	Starting	Leaving	Name of Manage		
of Employer	Month &	Month &	Salary	Salary	ivallie of ivialiage		
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Name & Address of Employer	From: Month &	To: Month &Year	Starting Salary	Leaving Salary	Name of Manage		
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Tel:	Describe the	work you did:					
Type of business	Reason for le	eaving					
Name & Address	From:	To:	Starting	Leaving	Name of Manage		
of Employer	Month &	Month &	Salary	Salary			
	Year	Year	<u> </u>				
			£	£			
	Joh Title		per	per			
	Job Title Describe the work you did:						
	Describe the	work you did:					
Tel: Type of business							
Lyna at hucinace	Reason for le	aving					

Employment History

Please describe any ot	her work you have been inv	olved in, e.g. volunta	ry, freelance, project work etc.
Dates/duration	Description		
Education, Qualification	ns & Training		
	_	of your education of	ualifications and training to date. If invited to
~ ~	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ification certificates with you.
Places attended	<u> </u>	Dates	Qualifications
		From/To	Gained
		(optional)	
Interests		<u> </u>	
Give details of your ma	ain interests outside work		
Additional Information			
	mation which you think may	assist us in consider	ng your application
Give any farther infor	nation which you think may	assist as in consider	ng your application.
References			
			relatives), preferably previous employers who
	regard to your application. prity is conditional please sta		rees, you authorise us to approach them for a
Name:	only is conditional please sta	Name:	
ivanic.		ivanic.	
Company:		Company	
Address:		Address:	
_			
Email:		Email:	
Telephone:		Telephone	2:
If this reference autho	rity is conditional (e.g. upor	iob offer) please sta	te vour conditions here:
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YARD/ FORKLIFT/GOODS INWARDS APPLICATION

Please use additional sheets if necessary, using the paragraph numbers

Licence Details		, , , , , , , , , , , , , , , , , , ,	the paragraph numbers
Licence type	Date of passing test	Expiry date	Accidents (& endorsements) within last 3 years
Forklift-counterbalance			
Side-loader			
Normal driving licence			
Experience			
1.Experience in the handl	ing or use of building r	materials:	
2. Customer service expe	rience:		
3. Experience with papers	work		
4. Experience of warehou	sing and stock control		
5. Experience with compu	iters/ point of sale		

6. What aptitudes, skills and personality traits do you have which you think would be most relevant/helpful for this position?
Please give details of any relevant medical conditions you have which might reasonably be considered to affect your ability to perform the job:
Are you a smoker/vaper? (all our workplaces are non-smoking areas)
Declaration
The information given in this application is correct.
Signature: Date:
Please return completed form by email to: jobs@robert-price coluk

Please return completed form by email to: jobs@robert-price.co.uk