Warehouse Operative

Full Name:	
Address:	
Phone Number:	_
Email Address:	_
Date of Birth:	_
Do you hold a full, clean driver's licence? \square Yes \square No	
Are you currently employed? ☐ Yes ☐ No	
When are you available to start?	
Highest Level of Education?	
Results achieved?	
Relevant Training or Certificates (e.g. Manual Handling, Fo	,
Work Experience	
Most Recent Employer:	
Job Title:	
Dates of Employment:	-
Main Duties:	-
Reason for Leaving:	_
Previous Employer:	
Job Title:	
Dates of Employment:	-
Main Duties:	-

Reason for Leaving:	
Skills & Competencies	
Please outline any relevant skills, experience, or qualities the position:	at make you suitable for this
Additional Questions	
Are you available to work weekends? ☐ Yes ☐ No	
Do you have experience operating warehouse equipment (e	.g. forklift, pallet truck)? \square Yes \square No
If yes, please provide details:	
References	
Reference 1	
Name:	
Company:	
Position:	
Phone / Email:	
Reference 2	
Name:	
Company:	
Position:	
Phone / Email:	
Declaration	

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in my application being rejected or my employment being terminated.

Signature: _	 	 	
Date:	 	 	

Completed applications & CVs must be emailed to:

™ toolfixvacancies@gmail.com