ROBINSON services

IT'S OUR BUSINESS TO SUPPORT YOURS

Robinson Services
Sarah Jane Robinson House, Rathenraw Industrial Estate,
Greystone Road, Antrim BT41 2SJ
Telephone: 028 9442 9717 Facsimile: 028 9446 3336
Email: info@robinson-cleaning.co.uk
Web: www.robinson-cleaning.co.uk

EMPLOYER PAYE REF. NO: 916 / BB7521 STARTER FORM (PART 1)

Surname Mr / Mrs / Miss / Ms *(or other title)*

First Names *(or given names)*

Address

Post Code

Tel. No.

Date of Birth (D D M M Y Y)

Male ☐ Female ☐

National Insurance Number

Start date (D D M M Y Y)

Married ☐
Separated ☐
Single ☐
Divorced ☐
Widowed ☐

Full-time ☐
Part-time ☐

YOUR PRESENT CIRCUMSTANCES

Please read all the following statements carefully and tick **the one** that applies to you.

A – This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a State or Occupational Pension. ☐

Or **B –** This is now my only job, but since last 6 April **I have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a State or Occupational Pension. ☐

Or **C –** I have another job or receive a State or Occupational Pension. ☐

Or **D – Student Loans** ☐
If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, tick box D.
*(If you are required to repay your Student Loan through your bank or building society account **do not** tick box D.)*

Payroll No. _____ Site Code _____

STARTER FORM (PART 2)

BANK DETAILS
Bank/Building Society Sort Code

Account Number

Name of Account Holder

Bank/Building Society Name

Branch

Building Society Roll Number

The information given in Parts 1 & 2 of this form is a true and accurate record. I confirm that I am aware of the Company's Terms and Conditions of Employment and that a full copy of the Employees' Handbook is available at my work location.

Signed _____ Date _____

Area Supervisor _____ Date _____

Checked and authorized by Senior Manager _____

Form of I.D. attached _____

Dept. Number _____

Contract Name _____

Job Title _____

P45 enclosed	YES / NO	**CF88 enclosed**	YES / NO
SSP 1 (L) enclosed	YES / NO	**Holiday Entitlement**	☐ No. of Days per year
Reduced or exempt NI certificate	YES / NO		

Normal hours per week (H H H • M M)

Rates of pay per hour (£ • P P D D)

Basic wage per week (£ £ £ • P P)

Next of kin to be notified in case of sickness:

Name: _____

Tel No: _____

Do you suffer from any disabilities, or are you registered as a disabled person?

YES ☐ NO ☐

If yes, please provide registration number:

H.O. ONLY

Start date of continuous employment (D D M M Y Y)

Confirmation attached YES / NO

Robinson Employment Terms accepted YES / NO

Signed statement attached YES / NO

Leaving Date (D D M M Y Y)

CLASS OF EMPLOYEE *Please tick the box which applies*	New employee	Existing employee now paid above threshold
Class 1 – employee has signed statement A	☐	☐
Class 2 – employee has signed statement B	☐	☐
Class 3 – employee has signed statement C	☐	☐
Class 4 – employee has signed statement D	☐	☐
Class 5 – no statement signed	☐	
Enter employee tax code used		
Tick if week 1 of Month 1 basis applies	☐	

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, details including type of offence, date sentence, fine etc are required from you and should be included in a separate envelope; which will only be opened if you are considered for the appointment and will be subsequently returned to you. **Such information will be completely confidential.**

N.B. In the event of employment, any failure to disclose such convictions/information or medical conditions could result in dismissal.