



TEMPERATURE CONTROL

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR:

TITLE: Mr / Mrs. / Miss. / Ms

DAYTIME TELEPHONE No:

SURNAME/ FAMILY NAME:

FIRST NAME(S):

EMAIL (if preferred form of contact)

PREFERRED FIRST NAME:

ADDRESS:

POSTCODE:

NI NUMBER:

Do you hold a current drivers licence?

YES/NO

Do you have your own transport?

YES/NO

Do you have any endorsements?

YES/NO

If yes please give details

If you are not British, do you hold a current work permit?

YES/NO

Have you ever been convicted of any criminal offence?

YES/NO

If yes please give details

(Declaration subject to the Rehabilitation of Offenders Act 1995)

EDUCATION AND TRAINING

SECONDARY / FURTHER EDUCATION

Name & Location:

From

To

Qualification

Grade

HIGHER EDUCATION / PROFESSIONAL QUALIFICATIONS

Name & Location:

From

To

Qualification

Grade

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Body

Certification / Registration

CAREER HISTORY

Have you previously been employed or applied for employment with us?

If yes, please state when and which position you held:

Have you at any time been suspended or dismissed from employment?

If yes, please give details:

CURRENT / MOST RECENT POSITION

EMPLOYER'S NAME:

CONTACT NAME:

ADDRESS	From:	To:
	Job Title:	
	Final Salary: £	

Please give a brief description of your responsibilities:

Reason for leaving:	May be contacted for reference if job offer is made <input type="text" value="YES/NO"/>
	Notice to be given: <input type="text"/>

PREVIOUS EMPLOYMENT OVER THE LAST 10 YEARS (INCLUDING PERIODS OF UNEMPLOYMENT , CAREER BREAKS ET C)

References may be taken up prior to interview unless you indicate otherwise. Please continue on a separate sheet if necessary

Employer's Name & Address	Job Title & Main Responsibilities	From	To	Reason For Leaving
Contact Name		M	Y	
Organisation		M	Y	
Address				
Telephone				
Contact Name		M	Y	
Organisation		M	Y	
Address				
Telephone				
Contact Name		M	Y	
Organisation		M	Y	
Address				
Telephone				

Contact Name		M	Y	M	Y	
Organisation						
Address						
Telephone						May be contacted for reference Y/N
Contact Name		M	Y	M	Y	
Organisation						
Address						
Telephone						May be contacted for reference Y/N
Contact Name		M	Y	M	Y	
Organisation						
Address						
Telephone						May be contacted for reference Y/N

RELEVANT TRAINING & EXPERIENCE

(Please indicate any other skills, experiences and personal qualities that you would bring to ICS and how they would relate to the position you have applied for. Please continue on a separate sheet if necessary.)

HOBBIES & INTERESTS

EQUAL OPPORTUNITIES POLICY

NAME:

POST APPLIED FOR:

ICS is committed to developing policies to promote equal opportunities in employment and to the elimination of unlawful or unfair discrimination on the grounds of an employee's gender, sexual orientation, age, parental or marital status, religious beliefs ethnic or national origin, race, colour or disability

In order to assist us with monitoring the effectiveness of our equal opportunities policy, you are requested to provide the following. Any information you give us will be handled in a strictly confidential manner and will not be used at any stage to determine suitability for the post.

SECTION 1

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups included.

I would best describe my cultural and ethnic origin as:

<input type="checkbox"/>	White British	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	White Other (tick and please state below)	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Black British	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	African	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	Black Other (tick and please state below)	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other (tick & please specify below)

Other:

Gender

Male

Female

Status

Single

Married

Separated

Divorced

Widowed

Living with Partner

Do you have any domestic responsibility for children / other dependants?

YES/NO

If yes how many?

Age of children?

Do you have or have you ever had a disability?

YES/NO

SECTION 2

The discrimination Act 1995 protects employees, job applicants and contract workers who fall within the new definition of disability.

Under this legislation, the Act defines disability to include those who currently have a disability and those who have had a disability in the past. This can include physical or mental impairment, which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities. Long term is taken to mean lasting for a period of greater than twelve months.

This section has been designed in conjunction with the Equal Opportunities Policy and the Disability Discrimination Act 1995. It is necessary for monitoring the effectiveness of the policy and our recruitment procedures and for consideration to be given to any specific support you may require because of your disability.

Nature of your disability (optional)

Do you need any consideration for access, specialist equipment or support to assist you in completing your duties?

YES/NO If yes please give details:

Do you require any special arrangements / assistance if you are invited for interview?

YES/NO

If yes please give details:

MEDICAL DETAILS

Please give details of any illnesses that have lasted 1 week or more and have caused you to see your doctor in the last two years

Date	Nature of illness	Duration

Are you receiving any treatment at the moment?

If yes, please give details:

How many sick days have you taken in the past 2 years?

EMERGENCY CONTACT

Please give details of a person who we can contact in an emergency

NAME:	TELEPHONE HOME:
ADDRESS:	TELEPHONE WORK:
	MOBILE:

RELATIONSHIP TO APPLICANT

Thank you for your assistance Signature

Name

DECLARATION

I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of selection and administration. The information I have given in this application is, to the best of my knowledge true and accurate. I accept that any false statements may be sufficient cause for rejection or if employed dismissal.

Signature

Date

Please complete and return to:

Wendy Hinchcliffe
ICS Temperature Control
ICS House
Stephenson Road
Calmore Industrial Estate
Totton
Southampton
SO40 3RY