



TEMPERATURE CONTROL

# APPLICATION FOR EMPLOYMENT

POST APPLIED FOR:

TITLE: Mr / Mrs. / Miss. / Ms DAYTIME TELEPHONE No:

SURNAME/ FAMILY NAME:

FIRST NAME(S): Mobile No:

EMAIL(if preferred form of contact)

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 (Under the Rehabilitation Offenders Act 1974, spent convictions need not be declared)

## Eligibility to work in the UK - describe your work status

Have you ever been convicted of any criminal offence? YES/NO If yes please give details

## 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 ICS?

YES/NO

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

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

YES/NO

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

YES/NO

Notice to be given:

PREVIOUS EMPLOYMENT OVER THE LAST 10 YEARS

(INCLUDING PERIODS OF UNEMPLOYMENT, CAREER BREAKS ETC)

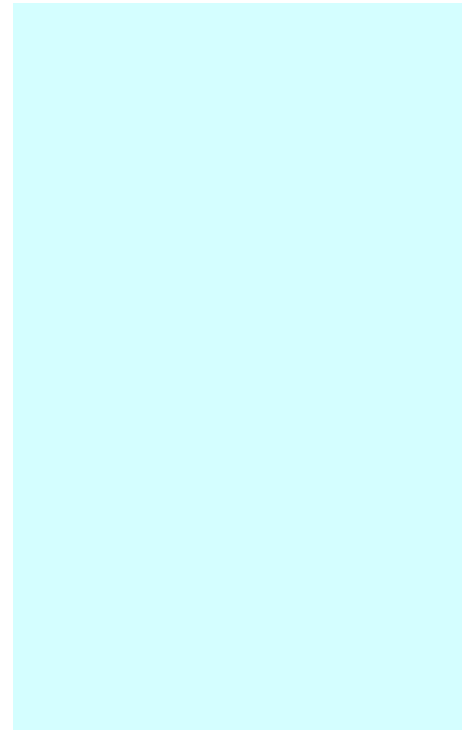
References may be taken up prior to interview unless you indicate otherwise. Please continue on a separate sheet if necessary

Employer's Name & Address	Job Title & Main Responsibilities	From	To	Reason For Leaving
Contact Name Organisation Address Telephone		M Y	M Y	May be contacted for reference Y/N
Contact Name Organisation Address Telephone		M Y	M Y	May be contacted for reference Y/N
Contact Name Organisation Address Telephone		M Y	M Y	May be contacted for reference Y/N

**REFERENCES**

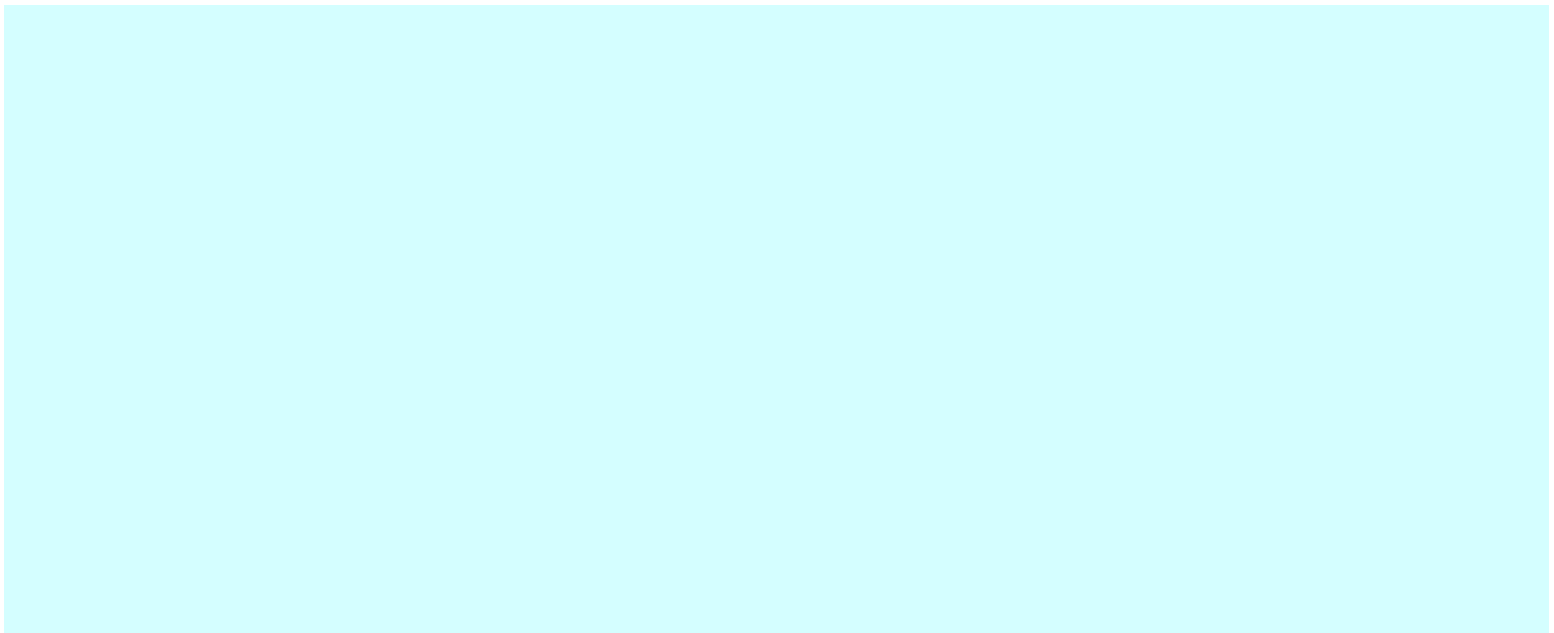
References may be taken up prior to interview, unless otherwise indicated.

Name  
Address  
Telephone  
  
Relationship to you



**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**



Do you require any special arrangements if invited for an interview? if so please give details.

### 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

The ICS Group keeps personal information on all employees and provides such information only on a need to know basis. By accepting a job offer, employees agree to our retaining such information, which can include sickness & health records, ethnic origin, trade union membership and disciplinary matters. Employees are responsible for advising the company of any changes to their circumstances to ensure accurate records are maintained.

### 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
Print Name	

Please complete and return to:

Recruitment  
ICS Cool Energy Ltd.  
ICS House  
Stephenson Road  
Calmore Industrial Estate  
Totton  
Southampton  
SO40 3RY

## EQUAL OPPORTUNITIES POLICY

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, trainee or applicants gender, sexual orientation, age, parental or marital status, civil partnership, religious beliefs ethnic or national origin, race disability or gender reassignment.

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	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female		
Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated
	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	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: