



APPLICATION FOR EMPLOYMENT

(Please complete in Capitals & Black Ink/Biro)

Position Applied For:	
Branch/Department:	

PERSONAL DETAILS

Surname:		Forename(s):	
Home Address:		Title: <i>(Mr, Miss etc)</i>	
		Date of Birth:	
		Place of Birth:	
		Marital Status:	
Post Code:		Nationality:	
Home Tel No:		N.I. Number:	
Daytime Tel No:		Are you a British Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
May we contact you at Work?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>	If you are not a British Citizen, do you hold a Work Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>

ADDITIONAL PERSONAL INFORMATION

Are you prepared to work anywhere in the UK? <i>If not, which area do you prefer?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Have you previously applied to Integral? <i>If so, please provide details & dates:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Have you previously worked for Integral, MJN Maintenance, Nelson, Pearl, Flamerite or Staveley Industries? <i>If so, please provide details & dates</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Name & position of anyone known to you at Integral:	
Do you currently hold a full, valid driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Do you have any endorsements? <i>If so, please provide details & dates</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Is there any action pending which may result in conviction of driving offences or loss of licence? <i>If so, please provide details & dates</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
Do you have a car?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>



CRIMINAL CONVICTIONS	
<i>(Declaration of convictions is subject to the Rehabilitation of Offenders Act)</i>	
Have you been convicted of a criminal offence, which is not spent?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
<i>If yes, please provide details & dates (Declaration subject to the Rehabilitation of Offenders Act)</i>	
Please note that certain positions with Integral may require an application for Disclosure Information to be made to the Criminal Records Bureau. You will be notified of this requirement by your Line Manager and information will be submitted to you. A copy of the Employee Security Clearance Policy will be made available to you.	

MEDICAL HISTORY	
Have you received medical attention from a Doctor or Hospital in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
<i>If yes, please provide details of reason & dates:</i>	
How many days absence have you had in the last 2 years?	
How many separate spells of absence have you had in the last 2 years?	
Do you suffer from or have suffered from any serious illness/disability during your life?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
<i>If yes, please provide details including any reasonable adjustments which you feel could be made to the recruitment process to assist in your application or any reasonable adjustments which you feel could be made to enable you to carry out the job:</i>	
Do you have any medical condition which has affected or may affect your driving ability?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please Tick ✓)</i>
<i>If yes, please provide details & dates:</i>	

EDUCATION			
<i>(Please complete on a separate sheet if necessary and attach to your application form)</i>			
Dates From	Dates To	School/College	Qualifications Obtained/Grades

TRAINING, TECHNICAL & PROFESSIONAL QUALIFICATIONS			
<i>(Please complete on a separate sheet if necessary and attach to your application form)</i>			
Dates From	Dates To	Subject, Course Title	Results (If Applicable)

ADDITIONAL SKILLS & EXPERIENCE
<i>(Please give details of additional skills or experience which you feel relevant to the job for which you have applied)</i>



EMPLOYMENT HISTORY: CURRENT/MOST RECENT EMPLOYER	
Company Name:	
Company Address:	
Nature of Business:	
Employment Dates:	From: _____ To: _____
Job Title:	
Salary/Benefits:	
Job Description/Duties:	
Reason for Leaving:	
Can we request an employment reference prior to an offer of employment being made?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick ✓) If no, a reference request will be made upon your acceptance of our written offer of employment

PREVIOUS EMPLOYER	
Company Name:	
Company Address:	
Nature of Business:	
Employment Dates:	From: _____ To: _____
Job Title:	
Salary/Benefits:	
Job Description/Duties:	
Reason for Leaving:	
Can we request an employment reference prior to an offer of employment being made?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick ✓) If no, a reference request will be made upon your acceptance of our written offer of employment

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LEISURE & OTHER INTERESTS

(Please give brief details of your interests, hobbies or leisure activities)

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CONTACT ADDRESSES

(To be recorded on your personal file only if employed)

	EMERGENCY CONTACT	NEXT OF KIN
Name:		
Address:		
Relationship:		
Home Tel No:		
Daytime Tel No:		

EQUAL OPPORTUNITIES

Integral is an Equal Opportunities employer whose aim is to ensure that it does not discriminate in the selection for employment, retention or promotion of any person on the grounds of their race, ethnic origin, colour, marital status, disability or sex.

To enable the Company to fairly apply this policy and to enable it to comply with legislation relating to discrimination, it is necessary for us to record and monitor all job applications as accurately as possible. It would therefore assist us if you could complete the section below. This information is confidential & will be used for statistical purposes only.

GENDER:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
ETHNIC ORIGIN:	White <input type="checkbox"/>	Irish <input type="checkbox"/>	Black Other <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	_____ <input type="checkbox"/>
	Pakistani <input type="checkbox"/>	Black/African <input type="checkbox"/>	Any Other <input type="checkbox"/>
	Indian <input type="checkbox"/>	Black/Caribbean <input type="checkbox"/>	_____ <input type="checkbox"/>

DECLARATION

I declare that the information that I have given, is to the best of my knowledge and belief, true and complete and understand that if I give any information which I know is false, or withhold any relevant information that this may lead to my application being rejected or if appointed, will lead to disciplinary action which may result in dismissal.

I agree to the Company retaining appropriate personal information relating to my employment with Integral and understand and agree that this information will be stored confidentially in an appropriate filing system and on the Company payroll and personnel systems.

I also understand that any offer of employment is subject to the receipt of references, which are satisfactory to Integral and that any offer may be subject to checks on criminal convictions by way of disclosure from the Criminal Records Bureau.

Signed:

Date: