

PLEASE COMPLETE IN **BLACK INK** AND IN **CAPITALS**.

Use additional sheets where required (CV's will not be accepted as a substitute for completing this form).

**APPLICATION FORM**

<b>POSITION APPLIED FOR:</b>	
<b>BRANCH/DEPARTMENT:</b>	
<b>HOW DID YOU HEAR ABOUT THIS VACANCY?</b>	

**PERSONAL DETAILS**

<b>SURNAME:</b>		<b>HOME TEL NO:</b>	
<b>FORENAME(S):</b>			Can we contact you on this no? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>TITLE:</b> (Mr, Miss etc)		<b>DAYTIME TEL NO:</b>	
<b>HOME ADDRESS:</b>			Can we contact you on this no? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
		<b>MOBILE TEL NO:</b>	
<b>POST CODE:</b>		<b>EMAIL ADDRESS:</b>	
			Can we contact you on this no? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

<b>DO YOU NEED A WORK PERMIT TO WORK IN THE UK?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes, please provide further details
<b>HAVE YOU PREVIOUSLY WORKED FOR INTEGRAL?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes, please provide dates of employment
<b>DO YOU HOLD A CURRENT FULL VALID UK DRIVING LICENCE?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes, please provide further details
<b>DO YOU HAVE ANY ENDORSEMENTS?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes, please provide further details
<b>IS THERE ANY ACTION PENDING WHICH MAY RESULT IN CONVICTION OF DRIVING OFFENCES?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes, please provide further details

**EDUCATION, TECHNICAL & PROFESSIONAL QUALIFICATIONS**

<b>TRAINING PROVIDER</b>	<b>DATE TO:</b>	<b>DATE TO:</b>	<b>SUBJECT/COURSE</b>	<b>QUALIFICATIONS OBTAINED</b>

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**ADDITIONAL SKILLS, TRAINING & EXPERIENCE**

Please give details of any additional skills, training or experience which you feel relevant to the job for which you are applying:

**INTERESTS & HOBBIES**

Please give details of any personal interests or hobbies you enjoy:

**CRIMINAL CONVICTIONS**

The Rehabilitation of Offenders Act 1974 set up a system whereby people who have been sentenced for criminal offences are entitled to have those convictions disregarded and treated as 'spent' after a certain period of time. The length of that period is known as the 'rehabilitation period' and differs to the type of sentence imposed and the age of the person when convicted of the offence. Some convictions are never deemed to be spent.

Please provide details below of any 'unspent' convictions:

Date	Offence	Conviction

**HEALTH INFORMATION****DO YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL & LONG TERM ADVERSE AFFECT ON YOUR ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES?**YES  NO 

If yes, please provide details including any reasonable adjustments which you feel could be made to enable you to carry out the role for which you have applied.

**DO YOU HAVE ANY MEDICAL CONDITION WHICH MAY AFFECT YOUR ABILITY TO DRIVE?**YES  NO 

If yes, please provide further details

**HOW MANY DAYS ABSENCE HAVE YOU HAD IN THE LAST 2 YEARS?****PLEASE GIVE DETAILS BELOW OF ANY OCCASIONS OF ABSENCE IN THE LAST 2 YEARS:**

DATE FROM	DATE TO	REASONS AND DETAILS OF ABSENCE



**INTEGRAL**

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**EMPLOYMENT HISTORY**

**CURRENT / MOST RECENT EMPLOYER**

<b>COMPANY NAME:</b>	
<b>FULL COMPANY ADDRESS:</b>	
<b>NATURE OF BUSINESS:</b>	
<b>EMPLOYMENT DATES:</b>	<b>FROM:</b> _____ <b>TO:</b> _____
<b>YOUR JOB TITLE:</b>	
<b>SALARY/BENEFITS:</b>	
<b>JOB DESCRIPTION/DUTIES:</b>	
<b>REASON FOR LEAVING:</b>	
<b>CAN WE REQUEST AN EMPLOYMENT REFERENCE <u>PRIOR</u> TO AN OFFER OF EMPLOYMENT BEING MADE?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> If no – a reference will be requested upon your acceptance of our written offer of employment

**PREVIOUS EMPLOYER**

<b>COMPANY NAME:</b>	
<b>FULL COMPANY ADDRESS:</b>	
<b>NATURE OF BUSINESS:</b>	
<b>EMPLOYMENT DATES:</b>	<b>FROM:</b> _____ <b>TO:</b> _____
<b>YOUR JOB TITLE:</b>	
<b>SALARY/BENEFITS:</b>	
<b>JOB DESCRIPTION/DUTIES:</b>	
<b>REASON FOR LEAVING:</b>	
<b>CAN WE REQUEST AN EMPLOYMENT REFERENCE <u>PRIOR</u> TO AN OFFER OF EMPLOYMENT BEING MADE?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> If no – a reference will be requested upon your acceptance of our written offer of employment

**PREVIOUS EMPLOYER**

<b>COMPANY NAME:</b>	
<b>FULL COMPANY ADDRESS:</b>	
<b>NATURE OF BUSINESS:</b>	
<b>EMPLOYMENT DATES:</b>	<b>FROM:</b> _____ <b>TO:</b> _____
<b>YOUR JOB TITLE:</b>	
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**CONTACT ADDRESSES**  
*(This information is held on your personal record only if employed)*

	EMERGENCY CONTACT	NEXT OF KIN
<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>RELATIONSHIP:</b>		
<b>HOME TEL NO:</b>		
<b>DAYTIME TEL NO:</b>		

**ADDITIONAL INFORMATION**

Use this section to provide any additional information you may feel benefit your application:

**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 inaccurate 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 UK Ltd and understand and agree that this information will be stored confidentially in an appropriate filing system and on the Company Payroll and HR Databases. This information will be processed in accordance with the Data Protection Act 1998.

I also understand that any offer of employment is subject to the receipt of references, which are satisfactory to Integral UK Ltd.

<b>SIGNED:</b>		<b>DATE:</b>	
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