

# APPLICATION FORM

To be completed in full in ink by all applicants as part of the recruitment process.

A cv will not be accepted as a substitute for completing this form in your own handwriting.

ONCE COMPLETE PLEASE SEND TO: THE ICE CO, UNITS 18/20 LANGTHWAITE BUSINESS PARK, SOUTH KIRKBY,  
WEST YORKSHIRE, WF9 3AP OR EMAIL A COPY TO [APPLICATIONS@THEICECO.CO.UK](mailto:APPLICATIONS@THEICECO.CO.UK)

Applicant Forename	
Applicant Surname	
Position Applied For	
Date of Application	

## PERSONAL DETAILS

Address 1			
Address 2			
Town			
Post Code			
Home Telephone	Can we contact you on this number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Telephone	Can we contact you on this number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Address			

Do you need a work permit to work in the United Kingdom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current valid UK driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION & PROFESSIONAL QUALIFICATIONS

Name & Address of Secondary School / College / University	Dates Attended or Study Period		Qualification Obtained (including Grade)
	From	To	

### ADDITIONAL RELEVANT TRAINING, LICENCES & CERTIFICATES

Training Provider & Course Title	Dates Attended or Study Period		If relevant, certification or qualification obtained
	From	To	

### INTERESTS & HOBBIES

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

### AVAILABILITY

Dates on which you are not available for work or interview (i.e. holidays booked)	From	To
Notice period required by current employer		

### CONVICTIONS

Do you have <u>any</u> convictions, cautions, reprimands or final warnings that are not “protected”?		<input type="checkbox"/> Yes
If yes, please provide full details:		<input type="checkbox"/> No
Date	Offence	Conviction

As defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). The amendments to the Exceptions Order 1975 (2013) can provide that certain spent convictions and cautions are “protected” and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions/convictions can be found on the Disclosure & Barring Service Website.

**EMPLOYMENT DETAILS (current or most recent first)**

Please complete all parts of this form – see CV is not an acceptable response.

Employer Name & Address	Nature of Business	Dates Employed		Job Title	Brief Description of Duties	Pay upon leaving or current earnings	Reason for Leaving
		From	To				

Continue overleaf if necessary

**EMPLOYMENT DETAILS (current or most recent first) Page 2**

Please complete all parts of this form – see CV is not an acceptable response.

Employer Name & Address	Nature of Business	Dates Employed		Job Title	Brief Description of Duties	Pay upon leaving or current earnings	Reason for Leaving
		From	To				

## GAPS IN EMPLOYMENT

Please provide details of any gaps in employment that were not filled by undertaking education		
Date (s)		Reason for Gap
From	To	

## ADDITIONAL INFORMATION

Use this section to provide any additional information you feel may benefit your application: Please include details of the type of work you are looking for if this is not at application for a specific role.

## REFERENCE DETAILS (must be completed)

Please give two referees. One must be your current or recent employer. Family or friends cannot be used as references. Offers of employment will be conditional on the receipt of satisfactory references.

### REFERENCE ONE

NAME			
JOB TITLE			
COMPANY NAME			
ADDRESS			
TOWN		POSTCODE	
TELEPHONE NUMBER		EMAIL	
WHAT WAS YOUR RELATIONSHIP WITH THIS PERSON?		CAN THIS REFEREE BE CONTACT IMMEDIATELY	<input type="checkbox"/> Yes <input type="checkbox"/> No

### REFERENCE TWO

NAME			
JOB TITLE			
COMPANY NAME			
ADDRESS			
TOWN		POSTCODE	
TELEPHONE NUMBER		EMAIL	
WHAT WAS YOUR RELATIONSHIP WITH THIS PERSON?		CAN THIS REFEREE BE CONTACT IMMEDIATELY	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INTRODUCTION

How did you hear about this role?			
Were you recommended to apply by an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give their name & your relationship	

## SIGN OFF DECLARATION

By completing and signing this application form, I consent to the organisation using and keeping information about me provided by either me or by third parties (such as references and health). If my application is successful I understand that data collected during the recruitment process will form the basis of any personnel record held. This information will be processed in accordance with the Data Protection Act.

**I confirm the information I have given is true and accurate:**

EMPLOYEE SIGNATURE		DATE	
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