



ICM COMPUTER GROUP

APPLICATION FOR EMPLOYMENT

Please complete in your own
handwriting and return to:
HR Department
ICM Computer Group
ICM House
Oakwell Way
Oakwell Park
Birstall
West Yorkshire
WF17 9LU
 marked 'Private & Confidential'

FOR OFFICE USE ONLY (to be completed by interviewer):		Staff Req No	_____
Starting Salary	_____	Location	_____
Start Date	_____	Position	_____
Review Date	_____	Reporting to	_____
Overtime/Allowance	_____	Sales Plan No:	_____
Regional Allowance	_____	Agency	_____
Site / City Allowance	_____	Fee %	_____
Standby	_____	Notice Period	*1 week <input type="checkbox"/>
Vehicle Grade	_____	(*tick one)	* wk/1mth <input type="checkbox"/>
Car Allowance	_____		* wk/3mth <input type="checkbox"/>
Fuel Card	_____		*1 month <input type="checkbox"/>
Eng Travel	_____	Introduced by:	_____
Mobile Phone	_____	Approved Pre Booked Holiday	_____
Laptop	_____	Dates:	_____

Position Applied for: _____
 Where did you hear of this vacancy? _____
 Expected Salary £ _____ per annum When could you commence employment? _____

PERSONAL DETAILS

Surname: _____ Forenames: _____
 Title: _____ Address: _____

 _____ Post Code: _____
 _____ NI number: _____
 Home Tel No: _____ Mobile No: _____
 Next of Kin: _____ Relationship: _____
 Next of Kin Home Tel: _____ Next of Kin Mobile: _____
 Do you require a Work Permit to work in the UK? YES/NO Expiry Date of Current Work Permit _____
 Do you have your own transport? YES/NO If 'NO' how would you travel to work? _____
 Please state number of days taken for Dependant Leave in the last 12 months _____

CONVICTIONS

Do you have any convictions not regarded as spent under the Rehabilitation of Offenders Act 1974? YES/NO
 Please provide details if 'YES' _____
 Do you have any pending court cases? YES/NO Please provide details if 'YES' _____

EMPLOYMENT

List all of your employment details, past and present; use additional sheet if necessary

MOST RECENT PLACE OF EMPLOYMENT

Name and Address of Employer: _____

 _____ From: _____ To: _____
 _____ Position Held _____
 _____ Reporting To _____
 _____ Present Salary _____ per annum
 Tel No: _____ Benefits _____
 Type of Business: _____ Vehicle Model _____
 Duties of the position: _____
 Reason for Leaving: _____
 Notice required to terminate employment: _____
 If necessary, may we contact you at work? YES/NO

PREVIOUS EMPLOYMENT DETAILS

Name and Address of Employer:

Tel No: _____

Type of Business: _____

Duties of the position: _____

Reason for leaving: _____

From: _____ To: _____

Position Held: _____

Leaving Salary £ _____ per annum

Benefits: _____

Name and Address of Employer:

Tel No: _____

Type of Business: _____

Duties of the position: _____

Reason for leaving: _____

From: _____ To: _____

Position Held: _____

Leaving Salary £ _____ per annum

Benefits: _____

Name and Address of Employer:

Tel No: _____

Type of Business: _____

Duties of the position: _____

Reason for leaving: _____

From: _____ To: _____

Position Held: _____

Leaving Salary £ _____ per annum

Benefits: _____

Name and Address of Employer:

Tel No: _____

Type of Business _____

Duties of the position: _____

Reason for leaving: _____

From: _____ To: _____

Position Held: _____

Leaving Salary £ _____ per annum

Benefits: _____

Name and Address of Employer:

Tel No: _____

Type of Business _____

Duties of the position: _____

Reason for leaving: _____

From: _____ To: _____

Position Held: _____

Leaving Salary £ _____ per annum

Benefits: _____

REFEREES

Please give the name of TWO Referees, one who should be able to comment on your recent work or educational performance.

Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Postcode:	_____	Postcode:	_____
Tel No:	_____	Tel No:	_____
Occupation:	_____	Occupation:	_____

I hereby give permission to contact the Employers listed above concerning my prior employment experience.

Signed: _____

If there is a particular Employer you do not wish us to contact, please indicate which one with an asterisk *

GENERAL

Were you introduced by an employee of ICM? YES / NO Employee's Name:

Have you previously attended interviews with ICM? YES / NO

Please list any agencies involved, now or previously:

Please list any booked holidays pending:

I certify that the information given in this Application for Employment is a true and accurate representation. I understand that if I am successful in obtaining this appointment, the giving of false information may lead to disciplinary action, including dismissal.

Signed: _____ Date: _____

All information provided herein will be treated in the strictest of confidence by ICM Computer Group

Thank you for completing our Application Form.

Please complete the attached Medical Questionnaire and Equal Opportunities Monitoring Form which should be forwarded directly to the HR Department at Birstall Head Office.

If you wish to provide any further information in support of your Application please attach it to your completed Application Form.

Successful candidates will be required to provide copies of Educational and Professional Qualifications, including Training Course Certificates, upon appointment.

If you have any queries with regard to your Application please telephone the HR Department at Birstall Head Office on 0870 121 8300 or email staff@icm-computer.co.uk

MEDICAL QUESTIONNAIRE

Surname: _____

First Name: _____

Position applied for: _____

Location: _____

Please give details of any medical treatment during the last 24 months _____

Please give details of any current or pending medical treatment or medication _____

Do you smoke? YES/NO If 'YES', how much do you smoke in an average day? _____

How much alcohol do you consume on average per week? _____

Do you have you a sight defect? YES/NO Do you wear glasses / contact lenses? YES/NO

Do you have a hearing defect? YES/NO Do you wear a hearing aid? YES/NO

Do you suffer from a speech impairment? YES/NO Please provide details _____

Do you suffer or have ever suffered from any of the following: (please tick as appropriate)

Allergies	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Musculoskeletal problems (back / joint / disc problems, arthritis etc)	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	Respiratory problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Stress/Depressive related illness	<input type="checkbox"/>
Digestive disorders	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Stroke	<input type="checkbox"/>

Other (please specify): _____

Are you registered Disabled? YES/NO

If Yes, please state registration number and nature of disability: _____

Have you had any sickness absence during the last 2 years? YES/NO

If 'YES', please state:

(a) Number and duration of Periods of Sickness: _____

(b) Reason for absence(s): _____

Height: _____ Weight: _____

I declare that to the best of my knowledge my answers to the above questions are correct and I am not suffering from any illness which has not already been revealed.

I understand that if I am successful in obtaining this appointment, the giving of false information may lead to disciplinary action, up to and including dismissal.

Signed: _____

Date: _____

All information provided herein will be treated in the strictest of confidence by ICM Computer Group



ICM COMPUTER GROUP

EQUAL OPPORTUNITY POLICY

ICM Computer Group PLC is committed to equal opportunity for all employees, both current and potential, irrespective of ethnic or cultural background, colour, gender, marital status, disability or age, and to ensure that any unfair or unlawful discrimination does not occur.

To help us monitor the effectiveness of this policy we would appreciate the completion of this form.

This information will be recorded and separated from your application form before the selection process begins.

Position applied for: _____ Based: _____

Personal Information

Male Female Date of Birth _____
Marital Status _____ Age of Dependents _____

Ethnic or Cultural Origin

Please tick the box that most accurately describes yourself. These categories are not about nationality or citizenship and UK citizens can belong to any number of ethnic groups.

Asian or Asian British

Indian Pakistani Bangladeshi
Other Asian

Black or Black British

Caribbean African Other Black

Mixed

White and Black Caribbean White and Asian
White and Black African Other Mixed

White

British Irish Other White

Other

Other Ethnic Origin - please specify

I confirm that the statements made above are correct and to the best of my knowledge

Signature _____ Date _____

All information provided herein will be treated in the strictest of confidence by ICM Computer Group