

EQUINITI - ICS LTD

Application for Employment

Please complete this form in **BLOCK CAPITALS** and in **BLACK INK** and continue on additional sheets where necessary. Send all completed forms for the attention of **The HR Manager, Equiniti ICS Ltd, 205 Airport Road West, Belfast, BT3 9ED, Northern Ireland** or alternatively email: careers@equiniti-ics.com.

Position Applied for:	Reference Number:
_____	_____

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Dr/Other)	_____
Surname	_____
Forenames	_____
Permanent address	_____
Telephone number	_____
Present address (if different from above)	_____
Telephone number	_____
Do you require a work permit to work in the EU (Y/N)	_____
N.I number	_____
How would you describe your state of health?	_____
Do you have any serious illness? (Y/N)	_____
If yes, please give details	_____
Registered disabled number (if applicable)	_____
Do you have a full driving license? (Y/N - if it is not a clean driving licence please give details)	_____
Please provide details relating to all unspent convictions and cautions under the Rehabilitation of Offenders Order, 1978 and :	

YOUR APPLICATION

How did you first hear about Equiniti ICS Ltd?	_____
Have you made previous applications to Equiniti ICS Ltd?	Yes _____ No _____
If yes, please give details	_____
When can you commence employment?	_____



SKILLS & EXPERIENCE continued

ATTENDANCE RECORD

How many days have you been unable to attend work during the past 12 months?	_____
If over a 5 day period, please provide details for absence	_____
Is there any reason, that you are aware of, which would make you unable to attend work on the days which you may be contracted by Equiniti ICS Ltd? (Y/N)	Yes _____ No _____
If yes, please specify	_____

FURTHER INFORMATION

Please give details of additional experience to date which you consider relevant to your job application including your current interests and any positions of responsibility held.

REFEREES

Please state the names and addresses of two persons from whom we can obtain references – one of which should be a previous employer.

Name _____	Name _____
Position _____	Position _____
Company Name _____	Company Name _____
Address _____	Address _____
Telephone _____	Telephone _____

I certify that the information provided in this application is complete and accurate.

Signature _____

Date _____

COMPLETION BY POST:

1. Complete both application form and monitoring slip
2. Seal monitoring slip in envelope marked "MONITORING OFFICER".
3. Send all completed forms for the attention of the **HR Manager, Equiniti ICS Ltd, 205 Airport Road West, Belfast, BT3 9ED.**

COMPLETION BY EMAIL:

1. Complete both application form and monitoring slip
2. Email all completed forms for the attention of the HR Manager, to careers@equiniti-ics.com

