



110 Ash Green Lane
Coventry
CV7 9AJ
Office Hrs. Tel: 02476 682968
Other Times: 07496853799
E-mail: jobs@flexicoventry.co.uk
Web: www.flexicoventry.co.uk

Application Form

Please use black ink to fill in this application form.
Please use BLOCK CAPITALS

Post Applied For:

Current DBS No.:

Personal Details
Title (E.g., Mr/Mrs/Miss/Ms.:

Surname: Forenames:

Email: NI:

Address:

Mobile no:

DOB:

NOK Name:

NOK Contact:

Relationship

Previous employment

**Name & address of
Employer**

Dates

**Job title
Or duties**

**Reason for
Leaving**

Education and training

School, college, etc.

Dates

Qualifications

Previous relevant experience

Interests

List any criminal convictions other than “spent” convictions. If none, state “none”.

The information provided will be confidential and will be considered only in relation to this application.

Character reference:

Work reference:

Email

Email

Post code:

Post code:

Telephone:

Telephone:

Declaration

The above information is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or my employment terminated.

Signed:

Date:



EXCELLENCE THROUGH EXPERIENCE

CONFIDENTIAL HEALTH DECLARATION

Name:			
Date of birth:	Sex:	Height:	Weight:
Doctors Name:			
Doctors Address:			
Doctors Telephone Number:			
Please give the date of your last medical examination :			
Please give the date of your last dental examination:			

In the last 5 years have you attended hospital as either an in patient or out patient? If yes please give details:	Yes	NO
Have you ever been refused or left employment for health reasons? If yes please give details:		
Have you ever been refused insurance for health reasons? If yes please give details:		
Are you currently receiving medical treatment? If yes please give details:		
Are you currently taking any medication? If yes please give details:		

Have you currently or previously had any problems with the following:	Yes	No
1) Anxiety/Mental health problems?		
2) Excessive weight gain or loss?		
3) Migraine/ severe headaches or neck pain?		
4) Asthma or hay fever?		
5) Chest infections/conditions?		
6) Bladder or kidney problems?		
7) Heart or circulation problems?		
8) Blood pressure problems?		
9) Varicose veins?		
10) Back problems including any conditions that have caused absence from work?		
11) Diabetes?		
12) Fainting/Epilepsy/blackouts?		
13) Thyroid or other glandular illness?		
14) Skin disorders?		
15) Ears or eyes		
16) Blood disorders/jaundice		

17) Rheumatism or arthritis		
<i>Have you ever had any of the following diseases?</i>		
18) Chicken Pox		
19) Hepatitis A, B or C		
20) Typhoid		
21) Tuberculosis		
22) Food Poisoning		

If yes to any of the above please give details in the box below put the number of the Question beside the relevant details.

Please give immunisation/vaccination details	Date
1. Tuberculosis (BCG) (Evidence will be needed regarding TB immunity)	
2. Rubella (German measles)	
3. Poliomyelitis	
4. Tetanus	
5. Hepatitis B	Date needed for primary course one
Hepatitis B	Date needed for primary course two
Hepatitis B	Date needed for primary course three
6. Covid-19	Date of first dose
Covid-19	Date of second dose
Covid Booster	
7. Influenza	
Please note that an immunisation certificate will be needed.	

If you have lived outside the UK for any period of time within the last five years please give details of place of residence and dates you arrived and left.

Place of residence		Date arrived	Date Left	
General Questions	Yes	No	Further details	Answer
Do you smoke?			If yes, how many per week?	
Do you drink?			If yes, how many units per week?	
Have you lost time from work due to illness?			If so how many days have you lost In total in the last two years?	

I declare that the above information is correct to the best of my knowledge. I understand that if further information is needed from my GP, I will be asked to give my consent. I also understand that if any information including my health changes it is my responsibility to inform you immediately.

Signature..... Date.....

Print Name.....