

Pre- Employment Questionnaire



Personal Details

Name (in blocks)	
Date of Birth	
Position Applied For	
GP Name and Address	
Physical Description Height Weight	ft inches or m st pounds or kg

Health Questionnaire

Are you suffering or have ever been diagnosed with the any of the following. Please answer yes or no. If yes please give details and dates of illness.

Condition	Yes (please tick)	No (please tick)	Please give details/dates
Back or neck pain			
Rheumatoid arthritis or osteoarthritis			
Hernia			
Upper limb disorders e.g. tendinitis, carpel tunnel syndrome			
Fits, fainting episodes or epilepsy			
Depression, anxiety or any mental illness			
Typhoid, parathyphoid, dysentery or food poisoning			
Turberculosis or hepatitis			
Any other illness or medical condition?			

Other health-related questions

Question	Yes (please tick)	No (please tick)	Please give details
Have you ever lost time from work as a consequence of one of the above conditions			
Are you currently taking any medicines, or undergoing any treatment			
Have you ever taken time of work due to an accident at work			
Have you ever been in receipt of state benefit as a consequence of an illness or injury arising from your work			
Have you ever been awarded compensation for an injury or illness arising from your work?			

Criminal Convictions

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for any other purposes are “spent” under the provisions of the Act. Failing to disclose such convictions could result in dismissal.

Please give details of any criminal convictions or prosecutions pending.

I declare that the statements are true, that I am now in, and usually enjoy good physical and mental health. I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application, or if appointed without disclosure could lead to termination of employment.

I agree that a medical report may be obtained from my doctor or specialist.

Signature:

Date: