



**Position Sought:** \_\_\_\_\_

**Personal Details**

Mr.  Mrs.  Miss.  Ms.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Nationality: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Are you related to anyone in the company? Yes.  No.

Please give details: \_\_\_\_\_

Have you previously worked for this company? Yes.  No.

If so give details: \_\_\_\_\_

Have you ever been convicted of a criminal offence? (*Please disregard any convictions considered spent under The Rehabilitation of Offenders Act 1974*). Yes.  No.

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**Next of Kin**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_



**Previous Employment**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Leaving Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Leaving Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Leaving Date: \_\_\_\_\_

\_\_\_\_\_

**Any Other Relevant / Additional Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of 2 referees (one should be current / previous employer) The referee must not be related to you	Date of Employment		For Office Use Only		
	FROM	TO	Date Ref Applied For	Date Received	Satisfactory (Yes/No)
_____					
_____					
_____					
_____					
_____					

## Medical Questionnaire

The information you give on this form will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date Of Birth \_\_\_\_\_

### Medical History

*Please indicate if any of the following apply or have applied to you in the past. Please give details on the next page where appropriate*

Circulatory problems such as varicose veins, phlebitis, thrombosis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chest problems such as asthma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy or fainting attacks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skin disorders?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recent operation or fracture?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any current medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back trouble, arthritis, rheumatism?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A claim for industrial injury etc?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, skin)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details

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I hereby declare that the above information is correct to the best of my knowledge and I understand that should I knowingly fail to disclose material facts to my medical history then the non-disclosure may result in my summary dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I understand that my employment with the company is subject to satisfactory references being obtained and a six month probationary period. I understand further that any false statement supplied by me renders me liable to summary dismissal

Signed \_\_\_\_\_ Date \_\_\_\_\_

Wigan Football Company Ltd is committed to providing equality of opportunity in terms of employment for all people regardless of race, colour, nationality, ethnic or national origin, creed, disability, age, sex, marital status or sexual orientation