

# West Lancs Peer Support Group

IN PARTNERSHIP WITH



## JOB APPLICATION FORM FOR THE POSITION OF A PERSONAL ASSISTANT

PLEASE COMPLETE THIS FORM IN BLACK INK AND RETURN TO:

West Lancs Peers Support Group  
Allied Business Centre  
1 Potter Place  
West Pimbo  
Lancashire  
WN8 9PH

TEL: (01695) 556 554

Please quote the REFERENCE NUMBER of the job for which you are applying.....



# EMPLOYMENT DETAILS

## CURRENT EMPLOYMENT:

Employer..... Job Title.....

Date Started ...../...../.....

What are your main duties?.....

.....  
.....  
.....  
.....  
.....

Period of notice required.....

## PREVIOUS EMPLOYMENT Starting with the most recent

From ...../...../..... Until ...../...../.....Employer .....

Main Duties.....

From ...../...../..... Until ...../...../.....Employer .....

Main Duties.....

From ...../...../..... Until ...../...../.....Employer .....

Main Duties.....

From ...../...../..... Until ...../...../.....Employer .....

Main Duties.....

## GENERAL HEALTH

In the past year, how many days have you been off work due to illness?.....

How would you describe your general state of health?.....

Have you, in the last year been hospitalized?      YES / NO

**REFERENCES** One should be your current employer. These will only be taken up upon job offer.

Name.....

Job.....

Address.....

.....

.....

Phone No.....

Name.....

Job.....

Address.....

.....

.....

Phone No.....

**WHAT ARE YOUR HOBBIES / INTERESTS**

.....  
.....  
.....  
.....

**JOB INTEREST**

What qualities, skills and experience can you offer.....

.....  
.....  
.....  
.....  
.....

**DECLARATION**

Have you had any criminal convictions YES / NO

If yes please give full details .....

Note: 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 (Exemptions Order 1975). Applicants are not entitled therefore to withhold information about convictions which, for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential.

To the best of my knowledge the information I have given is correct.

Signed .....

Date.....