



PROTECTION & ADVOCACY SYSTEM, INC.
Employment Application
An EEO Employer and Drug-Free Workplace

NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO BE A CONTRACT BETWEEN PROTECTION & ADVOCACY SYSTEM, INC. (HEREINAFTER "P&A") AND ANY EMPLOYEE. ADDITIONALLY, THIS EMPLOYMENT APPLICATION IS NOT TO BE CONSTRUED BY ANY EMPLOYEE AS CONTAINING BINDING TERMS AND CONDITIONS OF EMPLOYMENT.

We request your Social Security Number (SSN) in order to keep your records straight; other people may have the same name. As allowed by law, we may use your SSN to seek information about you from employers, schools, professional licensing boards, banks, and others who know you. If you are ultimately employed by P&A, your SSN may also be used in studies and computer matching with other Government files; for example, files on unpaid student loans by U.S. Government agencies over which P&A has no authority or control. If required by law, P&A will release information about you which you furnish to P&A in the course of completing this application. If you do not provide the information requested, we cannot process your application. Also, incomplete information will slow processing.

Complete all sections of the application, including your entire work history. If questions are not applicable, enter "NA." **Do not leave questions blank.** Your signature is required when completed. P&A is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, creed, ethnic background, religion, age or disability in employment or the provision of services. To request an alternative format, contact 307-632-3496.

P&A employees work with persons with disabilities, minors, and persons who are elderly. It is necessary that P&A screen all applicants for employment. If you wish to be considered for employment, you must execute the attached release to permit P&A to access information pertaining to you that may be maintained by state and federal law enforcement agencies. It will also be necessary for you to submit to fingerprinting and to provide your social security number. Satisfactory completion of a criminal background check will be required as a condition of employment.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

1. Follow application instructions completely.
2. A resume and cover letter must be provided with, but not instead of, a completed application.
3. One Protection & Advocacy System, Inc.'s (P&A) application per vacancy is required.
4. Applicants must demonstrate in the application how they meet the education and experience qualifications stated in the position announcement. All education, special skills, paid and volunteer work experience must be provided very clearly and specifically on the application.
5. Applications must be received by 5:00 p.m. on the closing date.
6. Transcripts are required for positions with college/university or special coursework indicated as a qualification for the position. If required for the position, transcripts must be submitted to be considered for the position.
7. Applications may be submitted to 7344 Stockman Street, Cheyenne, Wyoming 82009; FAX: 307-638-0815; or wypanda@wypanda.com.
8. Not all applicants are interviewed. If selected for an interview, you will be contacted directly.

If you have questions, please call 307-632-3496.

Last Name	First Name	Middle Initial	Social Security Number
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Do you have training or experience in the use of personal computers? Yes _____ No _____

Describe special qualifications and skills including computer skills, skills with machines, typing or shorthand speed, data entry skills, awards, publications, certifications, licenses or registrations (give numbers and expirations dates), etc.: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

As applicable, please complete the following:

License/Certification	Date Issued	Issued By	License No.	Location of Issuing Authority (City/State)

Has any license or certification you hold or may have held ever been suspended or revoked?

Yes: _____ No: _____ N/A: _____ If yes, please explain: _____

WORK HISTORY: DO NOT SUBSTITUTE A RESUME IN PLACE OF THIS APPLICATION OR ANY OF ITS PARTS. LIST JOBS IN REVERSE ORDER STARTING WITH YOUR PRESENT OR LAST JOB. LIST YOUR ENTIRE WORK HISTORY INCLUDING VOLUNTEER, PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND MILITARY JOBS. LIST EACH PROMOTION AS A SEPARATE JOB. THIS SECTION MUST BE ACCURATE AND COMPLETE. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN THE SAME FORMAT INCLUDING YOUR NAME AND SOCIAL SECURITY NUMBER.

LIST ENTIRE WORK HISTORY

Employer's Name and Address

Dates Employed	Hours per Week	Title
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Last Salary	Supervisor	Telephone
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May we contact this employer? Yes: _____ No: _____ Number and type of employees supervised: _____

Reason for Leaving: _____

Duties: _____

Last Name	First Name	Middle Initial	Social Security Number
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You may duplicate this page, as necessary.

Employment References

Please provide the names, addresses, and telephone numbers of three former or current employment references.

1. NAME: _____
ADDRESS: _____
TELEPHONE: _____
2. NAME: _____
ADDRESS: _____
TELEPHONE: _____
3. NAME: _____
ADDRESS: _____
TELEPHONE: _____

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Employment Application, including any attached application materials, is true, correct, complete, and made in good faith. **I certify** that I have disclosed my entire work history. **I understand** that a false or fraudulent answer to any question on any part of this declaration or its attachments may result in my not being hired or retained after I begin work. **I understand** that any information I give may be investigated for purposes of determining eligibility for employment as allowed by law. **Unless otherwise stated, I consent** to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies such as the Wyoming Division of Criminal Investigation, other individuals, organizations, investigators, and personnel specialists. **I authorize** any person or organizations referenced in this application to give P&A any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release P&A and all such parties from all liability from any damages which may result from furnishing such information to you. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date. **I understand** that this application and any supporting materials that I furnish will not be returned to me. By providing this information, **I certify** a continuing representation of its completeness and truthfulness.

I understand that employment is at-will and can be terminated by P&A with or without notice and with or without cause.

Applicant's signature

Date

Please return completed application and other required materials to:

**Search Committee
Protection & Advocacy System, Inc.
7344 Stockman Street
Cheyenne, Wyoming 82009
wypanda@wypanda.com**