RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release **Prairie Engineers, P.C.** its affiliated companies, its subcontractors, and/ or its agents (collectively, herein after referred to as the "Company") to procure consumer reports on me including, but not limited to information concerning my character and general reputation. These reports may be obtained through, but not limited to the following sources: motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee, or an employee of an independent contractor, for the Company, I understand and authorize that periodic investigations may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: _____ Date: _____

Please Print:

Name: _____ *Date of Birth: _____

First Middle Last

Social Security Number: _____ - ____ - _____ Gender(check one): Male Female

Drivers License #: _____ Issuing State: ____

Daytime Phone Number: _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____

Street Number and Name City State -ZIP Dates

Are you applying for a position in California, Minnesota, or Oklahoma? Yes No

(If yes) Would you like a copy of any consumer reports requested sent to you? Yes No

*** Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.**