

**Prairie Engineers, P.C.**  
**404 N. Main Street**  
**Columbia, IL 62236**  
**217-605-0403 phone**  
**217-718-4764 fax**  
**info@prairieengineers.com**



## EMPLOYMENT APPLICATION

*As an equal opportunity employer, Prairie Engineers, P.C. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, handicap, marital status, veteran's status, sexual orientation, or any other legally protected status.*

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Previous Address				Apartment/Unit #		
City		State		ZIP		
Date Available		Date of Birth			Desired Salary	
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied for employment with this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
How long have you lived at your current address?			How long have you lived at your previous address?			
Will you work overtime if needed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to travel if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Describe any training received relevant to the position for which you are applying?	

**Prairie Engineers, P.C.**  
**404 N. Main Street**  
**Columbia, IL 62236**  
**217-605-0403 phone**  
**217-718-4764 fax**  
**info@prairieengineers.com**



EDUCATION				
High School		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Junior College		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Graduate School		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City, State		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

MEMBERSHIP IN PROFESSIONAL, BUSINESS, OR CIVIC ORGANIZATIONS
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. Indicate type or name of achievements, awards, or publications.</i>

**Prairie Engineers, P.C.**  
**404 N. Main Street**  
**Columbia, IL 62236**  
**217-605-0403 phone**  
**217-718-4764 fax**  
**info@prairieengineers.com**



EMPLOYMENT HISTORY			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Prairie Engineers, P.C.**  
**404 N. Main Street**  
**Columbia, IL 62236**  
**217-605-0403 phone**  
**217-718-4764 fax**  
**info@prairieengineers.com**



<b>OTHER SPECIAL SKILLS OR TRAINING</b>	
<i>Include skills and training that are applicable to the position you are applying for.</i>	
<b>REFERENCES</b>	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.	
It is understood that as a condition of initial or continued employment, I agree to submit to lawful medical, substance abuse, or other examinations as may be required by Prairie Engineers, P.C. The reasonable cost of any such examinations which may be required will be paid for by Prairie Engineers, P.C.	
I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Prairie Engineers, P.C. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand also, that I am required to abide by all rules and regulations of the Employer.	
Signature	Date

**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: \_\_\_\_\_  
First Middle Last

\*Date of Birth: \_\_\_\_\_

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.**



## CONSENT FORM

I, the undersigned, hereby consent and authorize Prairie Engineers, P.C. to obtain information about me from the State of Illinois, Secretary of State, in the form of a Driving Record Abstract for employment purposes.

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE PRAIRIE ENGINEERS OF ILLINOIS, P.C. IS TO OBTAIN A DRIVING RECORDS ABSTRACT ON ME, AS APPLICABLE.**

Full Name: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_