

## EMPLOYMENT APPLICATION

*Prairie Engineers is an equal opportunity employer. Prairie Engineers does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.*

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	Zip	Phone
Email Address	Are you over 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Available
Position Applied For		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Desired Salary
Indicate Office Location(s) for Position Applying <input type="checkbox"/> Columbia, IL <input type="checkbox"/> Champaign, IL <input type="checkbox"/> Hazelwood, MO <input type="checkbox"/> Hillsboro, IL <input type="checkbox"/> Remote <input type="checkbox"/> Keokuk, IA <input type="checkbox"/> Springfield, IL <input type="checkbox"/> Washington, IL <input type="checkbox"/> Vicksburg, MS			
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"/>	
How did you learn of this opening? <input type="checkbox"/> LinkedIn <input type="checkbox"/> Prairie's Website <input type="checkbox"/> Indeed <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other (please specify)			
Have you ever applied for employment with this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you currently eligible to work in the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you now or in the future require visa sponsorship to continue working in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

EMPLOYMENT HISTORY	
Company (most recent)	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact your current employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Branch	From To Rank at Discharge
What type of education, training, and work experience relevant to the job did you receive while in the military?			



**MEMBERSHIP IN PROFESSIONAL, BUSINESS, OR CIVIC ORGANIZATIONS**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

**ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

**OTHER SPECIAL SKILLS OF TRAINING**

*Include skills and training that are applicable to the position you are applying for.*

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	Email Address
Full Name	Relationship
Company	Phone
Address	Email Address
Full Name	Relationship
Company	Phone
Address	Email Address

**DISCLAIMER AND SIGNATURE**

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.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Signature

Date

# DISCLOSURE AND AUTHORIZATION

---

## DISCLOSURE TO CONSUMER

### **Prairie Engineers, P.C.**

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business	e-Verifile
1574 Crescent Point Parkway	2400 Herodian Way
College Station, Texas 77845	Smyrna, GA. 30080

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

---

<sup>1</sup> Customer is urged to consult with its own legal counsel to verify any Disclosure and Authorization created complies with regulatory requirements.

## DISCLOSURE AND AUTHORIZATION

---

### **AUTHORIZATION TO OBTAIN INFORMATION**

#### **Prairie Engineers, P.C.**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

---

Applicant's / Employee's Full Name (Print clearly)

---

Applicant's / Employee's Signature

---

Date of Signature

<sup>2</sup> **Customer is urged to consult with its own legal counsel to verify the Disclosure and Authorization created complies with regulatory requirements.**



**Affirmative Action: Applicant Invitation to Self-Identify - Gender and Race (EO 11246)**

Prairie Engineers, P.C. is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

**Name:** \_\_\_\_\_ **Position Applied for:** \_\_\_\_\_

**Race or Ethnicity (select one, see below for definitions)**

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

**Gender**

- Male       Female
  
- I do not wish to self-identify



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

### How did you hear of our opening?

- LinkedIn
- Prairie's website
- Indeed
- Employee Referral
- Other (please specify)

### EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (*not Hispanic or Latino*)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or more races (*not Hispanic or Latino*)** - All persons who identify with more than one of the above races.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_