



404 North Main Street
Columbia, IL 62236
N 38°26'45"
W 90°12'10"

8873 Hazelwood Tech Court
Hazelwood, MO 63042
N 38°46'25"
W 90°20'35"

9025 Illinois Route 127
Hillsboro, IL 62049
N 39°07'50"
W 89°29'12"

106 Washington Street
Keokuk, IA 52632
N 40°24'53"
W 91°24'02"

22484 Grosenbach Road
Washington, IL 61571
N 40°43'25.435"
W 89°30'55.838"

6405 Canadian Cross Drive
Springfield, IL 62711
N 39°42'31"
W 89°38'39"

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			Indicate Office Location for Position Applying <small>(Columbia, Hazelwood, Hillsboro, Keokuk, Peoria, Springfield)</small>		
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?	

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>

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

OTHER SPECIAL SKILLS OR 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

Full Name	Relationship
Company	Phone ()

Address

Full Name	Relationship
Company	Phone ()

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

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

Email Address: _____

Application Living History (check one):

- Has only lived in the US for the last 7 years
- Has lived in the US less than 7 years
- Has never lived in the US

*** 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.**