

## 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"/> Hannibal, MO <input type="checkbox"/> Hazelwood, MO <input type="checkbox"/> Hillsboro, IL <input type="checkbox"/> Lenexa, KS <input type="checkbox"/> Keokuk, IA <input type="checkbox"/> Springfield, IL <input type="checkbox"/> Washington, IL <input type="checkbox"/> Vicksburg, MS <input type="checkbox"/> Remote			
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

**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  
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OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

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

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want 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: