

BARIBEAU IMPLEMENT COMPANY, INC.



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone _____ E-mail Address _____
Date Available _____ Social Security No. _____ Desired Salary _____
Position Applied for _____
Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐
Have you ever worked for this company? YES ☐ NO ☐ If so, when? _____
Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? YES ☐ NO ☐ Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? YES ☐ NO ☐ Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? YES ☐ NO ☐ Degree _____

REFERENCES

Please list three professional references.

Full Name _____	Relationship _____
Company _____	Phone () _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone () _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone () _____
Address _____	

PREVIOUS EMPLOYMENT

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 ☐ NO ☐

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 ☐ NO ☐

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 ☐ NO ☐**MILITARY SERVICE**

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize THE COMPANY to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of THE COMPANY as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of THE COMPANY or at my option, without notice, at any time and for any reason.*

I also understand that no representative of THE COMPANY has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of the company.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.



NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that **THE COMPANY** may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. **THE COMPANY** will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **THE COMPANY** to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name(please print)

Middle Initial

Last Name

Signature

Date



The FEDERATED Insurance Companies

Home Office: 121 East Park Square • Owatonna, Minnesota 55060
(507) 465-5200 • www.federatedinsurance.com

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North American Equipment Dealers Association

1195 Smizer Mill Road • Fenton, MO 63026-3480
(636) 349-5000 • www.naeda.com

MVR REQUEST FORM

Complete this form and fax to 1-866-921-2988 or email to Vicki@fivestar-insurance.com.

Account Information:

Named Insured: Baribeau Implement Co Inc
Policy Number: 1280429
Requested By: _____
Phone Number: 715-234-2144 Fax Number: 715-234-5187
Email Address: _____

Individual Driver Information:

Please run a motor vehicle report for:

Name of Driver: _____ State: _____
License Number: _____
Date of Birth: _____
Job title/duties: _____

☐ PROSPECTIVE Employee ☐ CURRENT Employee

Driving Frequency:

☐ Daily ☐ Weekly ☐ Occasionally ☐ Does not drive ☐ Takes company vehicle home

If the applicant/employee has been licensed in another state within the last three years, please provide the license number and issuing state.

I would like to receive the results by ☐ FAX or ☐ EMAIL .

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state department of motor vehicles.

I voluntarily authorize and/or Five Star Insurance Agency, LLC to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Five Star Insurance Agency, LLC is not my employer or prospective employer and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Employee/Applicant Signature _____ Date _____

Five Star Insurance Office Use Only:

According to the MVR guideline, the motor vehicle report for the person listed above is:

- ☐ Acceptable for Insurance Underwriting purposes
☐ Business hours only ☐ Lot only ☐ Other
☐ Unacceptable for Insurance Underwriting purposes
☐ Driver information invalid. Verify name, DL #, DOB.

Initial: _____ Date: _____

*** Please note that due to contractual obligations and Federal privacy regulations