

COMPLETE THIS FORM AND RETURN IT WITH YOUR APPLICATION

BTI SPECIAL COMMODITIES, INC.

DAC SERVICES

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from DAC Services, Tulsa, Ok. These reports may include the following types of information: Names and Dates of previous employers, Reason for termination of employment, Work experience, Accidents etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc. from Federal, State, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such agencies, and state providing driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hear by consent to BTI Special Commodities, Inc. obtaining the above information from DAC, and I agree that such information, which Dac has or obtains, and my employment history with BTI-SCI if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hear by authorize procurement of consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as an ongoing authorization for BTI-SCI to procure consumer reports at any time during my employment or contract period.

X _____
PRINT NAME

X _____
SOCIAL SECURITY NUMBER

X _____
APPLICANT SIGNATURE

X _____
DATE

X _____
DRIVERS LICENSE NUMBER & STATE

X _____
DATE OF BIRTH

I understand that I have the right to make a request from DAC Services, upon proper identification, to receive the Nature and Substance of all information, which DAC has on file about me at the time of the request, including the source of information; and the receipts of any reports on me which DAC has previously furnished within the two year period preceding my request.

BTI Special Commodities, Inc. has considered your application and decided not to hire you based in whole or part on information contained in a consumer report obtained from DAC.

You may obtain a free copy of your consumer report from DAC and dispute the accuracy or completeness of the information. In order to obtain a copy of your DAC report, you must make a request to DAC within **60 calendar days from today**. Date: _____. As a further condition of obtaining your report, as well as protection to you, they will require you to provide proper identification with your request, such a copy of your driver's license.

DAC SERVICES
4110 S 100TH E. AVE.
TULSA, OK. 74146
800-381-0645

DRUG AND ALCOHOL TESTING INFORMATION

PLEASE SIGN AND RETURN WITH THE APPLICATION

REQUESTED FROM: _____

DATE: _____

BY: BRANDI LAFRENZ RECRUITING

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

EMPLOYMENT DATE(S): FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____

In accordance with part (382.405, 382.413, 391.89, 40.37 and 40.81(I) of 49 CFR) Federal Motor Carrier Safety Regulations, please release the following information on the above mentioned individual.

X Applicant Signature: _____

DATE OF PRE EMPLOYMENT ALCOHOL TEST: _____

DATE OF PRE EMPLOYMENT DRUG TEST: _____

DATE OF RE-EMPLOYMENT DRUG / ALCOHOL TEST: _____

DATE OF RANDOM NEGATIVE DRUG TEST: #1 _____ #2 _____

DRUG TESTING:	PRE-EMPLOYMENT	RANDOM
DATE(S) OF TEST RESULTING IN A CONFIRMED POSITIVE:	_____	_____
DATE(S) APPLICANT REFUSED TO SUBMIT TO TESTING:	_____	_____
DATE(S) OF ANY REHAB COMPLETION UNDER DIRECTION OF SAP / MRO.	_____	_____

ALCOHOL TESTING:	PRE-EMPLOYMENT	RANDOM
DATE(S) OF TEST RESULTING IN A CONFIRMED POSITIVE:	_____	_____
DATE(S) APPLICANT REFUSED TO SUBMIT TO TESTING:	_____	_____
DATE(S) OF ANY REHAB COMPLETED UNDER DIRECTION OF SAP / MRO.	_____	_____

POSITIVE RESULT INFORMATION:

NAME OF SAP / MRO REFERRED TO: _____

DATE OF REFERRAL: _____ DATE COMPLETED: _____

Thank you for your prompt completion and return of this form, it is important to BTI evaluation and qualification process.

CONFIDENTIAL EMPLOYMENT VERIFICATION (Non-Driving)

APPLICANT, PLEASE SIGN AND RETURN ONLY IF YOU HAVE A NON - DRIVING REFERENCE.

Fax _____ Mail _____ Comp _____ Phone _____

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including drug and alcohol test, confirmed results, and or refusal to submit to any alcohol or drug testing) to each and every company (or authorized agent) which may request such information in connection with my application/data sheet for employment/lease with said company. I hereby release this company from any and all liability of any type as a result of providing the information to the below mention person or company.

X _____ **Applicant Signature** X _____ Date of Birth X _____ Social Security Number

Personnel Manager: The person named below has applied to this company for employment in a safety sensitive position. The applicant as a past employer lists your firm. Please rely to this inquiry respecting this applicant. Please be factual in your reply.

BTI Special Commodities, Inc. 4475 NE 3rd Street Des Moines, Ia. 50313
Phone: 800-383-2600 Fax- 515-283-2200 blafrenz@btisci.com

BTI Representative: _____ Recruiting Department
_____ has applied for a company/lease driver position with BTISCI

In what position did this person work for you? _____

From _____ To _____ Yes _____ No _____ If No Correct Dates From _____ To _____

Reason for leaving your employ? _____

Would you rehire this person? Yes _____ No _____ Upon review _____ If No explain _____

Work Record: Did this person attend work daily? _____ If No Explain. _____

Did he/she arrive on time? _____

Did he/she meet your company core work requirements? _____

Would you recommend this person for a Safety Sensitive Position? _____

Did this person undergo Pre-employment drug and alcohol testing? Date performed: _____

Do you perform Random Testing? Yes _____ No _____ Dates requested _____

Did this person ever have a confirmed positive: Yes _____ No _____ Date(s) _____

Please rate this person Poor, Average, Above Average, or Excellent on the following questions;

Ability to get along with co-workers _____ Management _____

Safety Habits: _____ Attitude about job performed? _____

Loyalty while in your employ? _____ Comments _____

Did this person give notice prior to termination? _____ Signature: _____

CONFIDENTIAL

APPLICANT, SIGN AND RETURN THIS SHEET WITH YOUR APPLICATION.

I HEREBY AUTHORIZE THIS COMPANY TO RELEASE ALL RECORDS OF EMPLOYMENT, INCLUDING ASSESSMENTS OF MY JOB PERFORMANCE, ABILITY, AND FITNESS (INCLUDING DATES OF ANY ALCOHOL OR DRUG TEST, THOSE CONFIRMED RESULTS, AND / OR REFUSAL TO SUBMIT TO ANY ALCOHOL OR DRUG TEST) TO EACH AND EVERY COMPANY (OR AUTHORIZED AGENTS) WHICH MAY REQUEST SUCH INFORMATION IN CONNECTION WITH MY APPLICATION /DATA SHEET FOR EMPLOYMENT/LEASE WITH SAID COMPANY. I HEREBY RELEASE THIS COMPANY FROM ANY AND ALL LIABILITY OF ANY TYPE AS A RESULT OF PROVIDING THE INFORMATION TO THE BELOW MENTIONED PERSON AND OR COMPANY.

X _____
APPLICANT SIGNATURE _____ **WITNESS SIGNATURE** _____
PERSONNEL MANAGER: THE PERSON NAMED BELOW HAS APPLIED TO THIS COMPANY FOR EMPLOYMENT IN A SAFETY SENSITIVE POSITION. YOUR FIRM IS LISTED BY THE APPLICANT AS A PAST EMPLOYER. WILL YOU KINDLY REPLY TO THIS INQUIRY RESPECTING THIS APPLICANT. AS YOU WILL NOTE THE WAIVER STATED ABOVE, ALL LIABILITY OF YOU AND THE APPLICANT HAS BEEN RELEASED TO YOUR COMPANY. **PLEASE BE FACTUAL.** FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED, SELF ADDRESSED ENVELOPE OR YOU MAY RETURN BY FACIMILE TO : BRANDI LAFRENZ

BTI SPECIAL COMMODITIES, INC. 4475 N.E. 3RD STREET DES MOINES, IOWA 50313
PHONE: 800-383-2600 FAX: 515-283-2200 blafrenz@btisci.com

SIGNATURE: _____ **RECRUITING DEPARTMENT**

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER _____ **JOB APPLIED FOR:** COMP O/O FLAT VAN

DID THE APPLICANT WORK FOR YOU AS A: OTR DRIVER FROM _____ TO _____ YES NO
FROM _____ TO _____ FROM _____ TO _____ IF NO: FROM _____ TO _____

IF EMPLOYED AS A DRIVER, PLEASE ANSWER THE FOLLOWING:
COMPANY DRIVER OWNER/OPERATOR DRIVER FOR O/O OTHER

TYPYER OF TRACTOR: _____ TYPE OF TRAILER _____

OTHER EQUIPMENT: _____

COMMODITIES TRANSPORTED _____

GENERAL AREA OF OPERATION: _____

ACCIDENTS? DATES PREVENTABLE/NON PREVENTABLE DESCRIPTION

CITATIONS/VIOLATIONS DATES STATE

LICENSE(S) SUSPENDED? YES NO TYPE OF LICENSE STATE

NUMBER ANY PROBLEM BONDING? YES NO EXPLAIN

WHY DID THIS EMPLOYEE LEAVE YOUR COMPANY? _____

WOULD YOU RE-EMPLOY THIS PERSON? YES NO IF NO PLEASE EXPLAIN: _____

ADDITIONAL COMMENTS: _____

SIGNATURE _____ TITLE _____