

COMPLETE THIS FORM AND RETURN IT WITH YOUR APPLICATION

BTI SPECIAL COMMODITIES, INC.

HireRight Solutions

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 HireRight Solutions. 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 hereby consent to BTI Special Commodities, Inc. obtaining the above information from HR Solutions, and I agree that such information, which HR Solutions has or obtains, and my employment history with BTI-SCI if I am hired, will be supplied by HR to other companies, which subscribe to Hire Right Solutions.

I hereby 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.

HireRight Solutions
4110 S 100TH E. AVE.
TULSA, OK. 74146

DRUG AND ALCOHOL TESTING INFORMATION

PLEASE SIGN AND RETURN WITH THE APPLICATION

REQUESTED FROM: _____

DATE: _____

BY: Gary F. Handley

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:

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.

_____ Applicant Signature _____ Date of Birth _____ 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

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.

FAX MAIL COMP PHONE

I here by authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any Drug or Alcohol test, those confirmed results and or refusal to submit to any Alcohol or Drug test) to each and every company (or Authorized Agent) which may request such information in connection with my application/data sheet for employment with said company. I here by release this company from any and all liability of any type as a result of providing the information to the below mentioned person or company.



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. Please reply to this inquiry respecting this applicant's employment history. As you will note the stated above, all liability of you and the applicant has released your company. PLEASE BE FACTUAL. For you convenience in replying you may fax, scan or mail this request back.

BTI SPECIAL COMMODITIES, INC.
PHONE: 800-383-2600

4475 N.E. 3RD STREET
FAX: 515-283-2200

DES MOINES, IOWA 50313
Gary F. Handley

SIGNATURE:

RECRUITING DEPARTMENT

NAME OF APPLICANT:

SOCIAL SECURITY NUMBER

JOB APPLIED FOR: COMP O/O Clara

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

TYPYR 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:

Name Position

Comment: