



SPECIAL COMMODITIES, INC.

4475 NE 3rd Street
Des Moines, IA 50313

DATA SHEET

READ AND SIGN BEFORE SUBMITTING THIS DATA SHEET

I understand that the information in this data sheet will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

Date	Date of Birth
Social Security No.	
Position Applied for Circle One: Independent Contractor or Driver for Independent Contractor	

Signature of Independent Contractor
or Driver for Independent Contractor

Date

PERSONAL HISTORY

NAME	(Last)	(First)	(Middle)	Telephone
ADDRESS	(Street)	(City)	(State)	(Zip)
				How Long?
ALL OTHER ADDRESSES IN THE LAST 3 YEARS	(Street)	(City)	(State)	(Zip)
	(Street)	(City)	(State)	(Zip)
Have you Previously Worked for This Company? _____ Date _____				
Reason for Leaving _____				

EDUCATION HISTORY

List all of the formal education that you have completed. Use a separate sheet of paper if you need additional space.

High School	Did you graduate? Yes No If no, list the highest level completed:	Major Subject
College	Location	Did you graduate? Yes No If no, list the highest level completed:
		Major Subject
Trade School	Location	Did you graduate? Yes No If no, list the highest level completed:
		Major Subject

MOTOR VEHICLE EXPERIENCE

What experience operating motor vehicle have you had?				
Vehicle Type	Year Began	Approximate Miles	States of Operation	Types of Commodities Transported
Straight Truck				
Tractor Semi (Tank) Trailer				
Tractor Semi (Van) Trailer				
Truck and Full Trailer				
Other				

What awards do you hold for safe driving? _____

LICENSE

Type	License Number	Endorsements Held	State	Expiration Date
Driver's				
CDL				

Have you held a license in any other state in the last 5 years? _____ Where _____ License No. _____

Have you ever had any type of license or permit denied, suspended, or revoked? _____

If yes, give particulars: _____

Have you ever been issued a "Safety Letter" or been required to present yourself for interview by any regulatory agency? _____

If yes, give particulars: _____

VEHICLE ACCIDENTS AND TRAFFIC VIOLATIONS

MOTOR VEHICLE ACCIDENTS. List ALL accidents and incidents regardless of where they occurred, what was damaged or to what extent and regardless of who was at fault.				
	Date	Type of Vehicle driven: Truck, Bus or Auto	PROPERTY DAMAGE (Yes or No)	PERSONAL INJURY (Yes or No)
MOST RECENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC VIOLATIONS. List ALL violations of vehicle traffic control which you were convicted of or forfeited bond or collateral.				
Type	Date	Place	Charges	Dispositions
Traffic Violations				
Traffic Violations				
Traffic Violations				
Other Misdemeanors				
Felonies				

Drivers are held responsible for all laws they break. Do you accept this rule? _____

Are you familiar with the Department of Transportation Motor Carrier Safety Regulations? _____

Are you familiar with the methods of keeping the Driver's Log as required by the Department of Transportation for: _____

Single Operation Yes No
 2-Person Operation Yes No

Do you agree to submit only true and correct Driver's Log sheets? _____

Have you ever owned or operated your own equipment? _____

EMPLOYMENT HISTORY

List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use back or separate sheet of paper if necessary.

CURRENT EMPLOYER: (Firm Name		Street Address or PO Box	City and State)	Telephone
POSITION HELD		Supervisor's Name		Salary
TYPE OF VEHICLE DRIVEN			Dates of employment From To	
REASON FOR LEAVING				
PREVIOUS EMPLOYER: (Firm Name		Street Address or PO Box	City and State)	Telephone
POSITION HELD		Supervisor's Name		Salary
TYPE OF VEHICLE DRIVEN			Dates of employment From To	
REASON FOR LEAVING				
PREVIOUS EMPLOYER: (Firm Name		Street Address or PO Box	City and State)	Telephone
POSITION HELD		Supervisor's Name		Salary
TYPE OF VEHICLE DRIVEN			Dates of employment From To	
REASON FOR LEAVING				
PREVIOUS EMPLOYER: (Firm Name		Street Address or PO Box	City and State)	Telephone
POSITION HELD		Supervisor's Name		Salary
TYPE OF VEHICLE DRIVEN			Dates of employment From To	
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POSITION HELD		Supervisor's Name		Salary
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PREVIOUS EMPLOYER: (Firm Name		Street Address or PO Box	City and State)	Telephone
POSITION HELD		Supervisor's Name		Salary
TYPE OF VEHICLE DRIVEN			Dates of employment From To	
REASON FOR LEAVING				

MILITARY EXPERIENCE

Do you have any experience from your military service that would be relevant?
If yes, please explain

REFERENCES

List the Names of Five (5) Persons Who Are Not Related to You. They Must Be Householders and of Good Standing Who Have Known You Well at Least (3) of the Past Five (5) Years. (Do Not Show Former Employers.)

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

THE UNDERSIGNED AGREES TO THE FOLLOWING CONDITIONS: 1) this data sheet will not be accepted unless all required information is entered hereon by Independent Contractor or driver for Independent Contractor and that such information must be fully legible. 2) Independent Contractor or driver for Independent Contractor will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respect to dates. 3) Independent Contractor or driver for Independent Contractor authorizes the Company to contact his former employers, references furnished, and all other sources they see fit to verify the facts and information furnished. 4) this data sheet in no way assures the Independent Contractor or driver for Independent Contractor of a position with this company. 5) that, if such is required, will take a physical examination. 6) it is further understood the Independent Contractor or driver for Independent Contractor if accepted is not an employee of BTI Special Commodities, Inc., but is an Independent Contractor or driver for an Independent Contractor. 7) that if, in making this data sheet, he has made any misrepresentations, which may later come to the attention of the company, it shall be considered sufficient grounds to be declared unqualified.

Certification:

This certifies that this Data Sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date	Signature of Independent Contractor or Driver for Independent Contractor
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Statement of Carrier

This is to certify that the undersigned has informed Independent Contractor or Driver for Independent Contractor prior to acceptance of this Data Sheet that the information supplied by him/her relative to previous employers may be used, and that the employers named may be contacted for the purpose of investigating Independent Contractor or Driver for Independent Contractor's background in conformance with Section 391.23. Motor Carrier Safety Regulations.

Representative of BTI