



1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: Good Speed Inc (USDOT 1451852)

Phone: (708) 496-8826

Date: 12/06/23

Address: 6100 S NEW ENGLAND AVE CHICAGO, IL 60638 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness( including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company( their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Darren Solomon (Dec 6, 2023 12:03 CST)

Safety Department (Dec 11, 2023 15:04 CST)

Applicant's Signature

Company representative

## Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Darren Charles Solomon SSN: 048700359

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: ☒ Yes ☐ No

If No, please explain: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : 08/2023 End Date : 11/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Semi-truck Type of trailer pulled: 53 ft dry van

Other equipment operated: \_\_\_\_\_ Commodities operated: General Freight

Accidents: ☐ Yes ☒ No If yes, please give the date and brief description of each accident: \_\_\_\_\_Traffic Violations: ☐ Yes ☒ No If yes, please list all including the date and type of violation: \_\_\_\_\_

## INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater? ☐ Yes ☒ No If yes, please give date: \_\_\_\_\_Verified positive controlled substances test results? ☐ Yes ☒ No If yes, please give date: \_\_\_\_\_Refusals to be tested? ☐ Yes ☒ No If yes, please give date: \_\_\_\_\_Rehab completed under direction of SAP/MRO? ☐ Yes ☒ No If yes, please give date: \_\_\_\_\_Any problems with bonding? Yes ☒ No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? Terminated, bad performance

Would you re-employee this person? ☐ Yes ☒ No If no, please explain: Unsatisfactory work

performance, late, constantly needs to go home.

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): Matt Vas / Safety

Company: Good Speed Inc.

Date: 12/13/2023



1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Good Speed Inc (USDOT 1451852)**Phone:** (708) 496-8826**Date:** 12/06/23**Address:** 6100 S NEW ENGLAND AVE CHICAGO, IL 60638 **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness( including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company( their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Darren Solomon (Dec 6, 2023 12:03 CST)

Safety Department (Dec 11, 2023 15:04 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

**The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).**

**Name of Applicant:** Darren Charles Solomon **SSN:** 048700359**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

Other equipment operated: \_\_\_\_\_ Commodities operated: \_\_\_\_\_

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: \_\_\_\_\_Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: \_\_\_\_\_**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_Refusals to be tested? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_