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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PTS LOGISTICS INC (DOT1308770 Phone: (630) 350-2402

Date: 01/29/24

Address: 8755 WEST HIGGINS ROAD SUITE 96 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.

MEDEROS ALVAREZ, HUMBERTO

MEDEROS ALVAREZ, HUMBERTO (Jan 29, 2024 16:40 EST)

Kristina Mlacic

Kristina Mlacic (Jan 31, 2024 10:50 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbg H j Y d c g H j c b z M c i f Z b X b H Y Udd J W b h U g U d U g h Y a d'c n Y f " K J " n c i J b X m f Y d m h c H g j b e i J m f Y g d Y M j b H g Udd J W b h " 5 g n c i k J " f Y U X k U j Y f g U H Y X U v c j Y z U " J U V J J m c Z n c i U b X n c i f W d a d U b m U g V Y Y b f Y Y U g Y X V n h Y U d d J W b t "

PLEASE BE ADVISED! Mti a UmfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: ALVAREZ, HUMBERTO SSN: 420751416

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 : 10/2016 End Date : 01/2024

☐ Company Driver ☒ Owner/Operator ☐ Other? _____

Type of tractor operated: sleeper Type of trailer pulled: 53'

Other equipment operated: reefer Commodities operated: fak

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? Too many repairs needed on the truck

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): Mandi Zelewski HR Manager

Company: PTS Logistics

Date: 02/14/2024



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Udd J]WbhUg U dUghYa d'cnYf"K J" nci _]bX mifYd mhc H Jg]bei Jf mifYgdYV]b[H Jg Udd J]Wbh 5g nci k J" fYUX k Uij Yf gUH YX
UVcj YZ U" JUV J]mhcZnci UbX nci f Wda dUbm U g VYYb fY YUgYX VmH Y Udd J]Wbt"
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Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

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

Company: _____

Date: _____