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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** E J & M TRUCKING INC (DOT2570274)**Phone:** (754) 242-9051**Date:** 01/29/24**Address:** 241 SE 9TH AVE POMPANO BEACH, FL**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.

SMITH, EVEROY ALBERT (Jan 29, 2024 16:36 EST)

Kristina Milacic (Jan 31, 2024 10:43 EST)

Applicant's Signature

Company representative

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Rf c ncpqr l \_k cb f cpcg f\_q \_nnjgb rmrfg ank n\_l wdrpck njmwk cl r g \_ q\_dcrwtqcl qgg c nmggrl \*Wrs p dg bg e rf c  
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**PLEASE BE ADVISED!** Wrs k \_wpcnjwby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: SMITH, EVEROY ALBERT SSN: 771840709

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 : 06/01/2021 End Date : 11/05/2023

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

Type of tractor operated: Coronado Type of trailer pulled: 53ft Dry Van

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

Accidents: ☒ Yes ☐ No If yes, please give the date and brief description of each accident: 10/21/2023

Tractor slid off the road, no other parties were involved.

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? Company was sold

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): Daniel Smith/ Operations Manager

Company: EJ&amp;M Trucking Inc

Date: 02/19/2024

BRZ





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8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHj Y d'cgHjcbZMci f ZbXb H Y Udd JMbH Ug U dUghYa d'cnYf K J nci JbX mYd mhc H Jg bei JfmYgdYVb H Jg Udd JMbH 5g nci k J fYUX k Uj Yf gUHX Uvcj YZU JUV JmicZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd JMbH

**PLEASE BE ADVISED!** Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: SMITH, EVEROY ALBERT SSN: 771840709

Job Applying For: OTR Driver

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

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

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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: \_\_\_\_\_