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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STATE EXPRESS INC (DOT2447112)**Phone:** (708) 888-7700**Date:** 02/12/24**Address:** 10800 ROUTE 83 LEMONT, IL 60439**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.

Hana D
Kristina Milacic (Feb 12, 2024 14:15 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

HAY dYfgcb bUa YX\ YfY]b\ UgUdd' JYX'hc HJg Wda dUbmZcf Ya d'cna Ybh]b UgUZY/magYbg]hij Y'dcg]hcbZ'Mci f Z]bX]b[HAY
Udd' WbhUg'U dUghYa d'cnYf"K J" nci _]bX' mYd' m'hc HJg]bei JfmYgdYV]b[HJgUdd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXX
UVcj YZU" JUV] JmcZnci UbX'nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant: DESSALINES, MARC ELIE SSN: 702486042

Job Applying For: OTR Driver

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

If No, please explain: _____

First employment period: 09/2020 - 04/2021

If employed as a driver, please answer the following: Start Date : 06/2021 End Date : Still employed

☐ 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): Margita Ribic

Company: State Express Inc

Date: 02/19/2024




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UVcj YZU" JUV] J]mcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX Vm'h Y Udd J]Wbt"

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

Company: _____

Date: _____