



7

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Royal 3 (USDOT 2828543)
Address: 6850 W 63rd St, Chicago, IL 60638

Phone: (630) 485-7370
Fax:

Date: 09/06/23

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.

Rafael Oliveira
Rafael Oliveira (Sep 6, 2023 11:50 CDT)

[Signature]
Safety manager (Sep 6, 2023 12:42 CDT)

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.

Name of Applicant: Rafael Oliveira SSN: 656201656 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 : 04/20/2023 End Date : 08/14/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Semi truck Type of trailer pulled: Dry van

Other equipment operated: N/A 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? +30 days vacation

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): Mateja Markovic

Company: Royal 3

Date: 10/04/2023



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Date: _____