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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: VITAL TRANS INC (DOT2956931)**Phone:** (224) 444-9798**Date:** 03/19/24**Address:** 865 SUNRISE DR SOUTH ELGIN, IL 60177 **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.

Marcos A Leon Fuentes (Mar 19, 2024 17:13 EDT)

Kristina Milacic (Mar 20, 2024 09:53 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby'A UbU[Yf

HAY dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H'g'Wda dUbmZcf' Ya d'cna Ybh]b' U'gUZ/magYbg]hij' Y'dcg]h'cbZ'Mci f'Z]bX]b['HAY
Udd']WbhUg'U'dUghYa d'cnYf''K]''nci _]bX'mfYd'mhc' H'g]bei]f'mfYgdYV]b['H'g'Udd']Wbh'5g'nci 'k]''fYUX'k U]j Yf'g'UHYX
UVcj YZU'']UV]]mcZnci 'UbX'nci f'Wda dUbm' Ug'VYYb' fY'YUgYX' Vm'h' Y'Udd']Wbh''

PLEASE BE ADVISED! Mci 'a UnfYd'mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Marcos A Leon Fuentes **SSN:** 592629884**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 : 8/4/22 End Date : 2/18/24

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Semi-Truck Type of trailer pulled: Flat

Other equipment operated: _____ Commodities operated: General Freight

Accidents: ☒ Yes ☐ No If yes, please give the date and brief description of each accident: _____

Accident in the intersection, still investigating

Traffic Violations: ☒ Yes ☐ No If yes, please list all including the date and type of violation: _____

Speeding, 3 Out of services

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATIONAlcohol 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

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

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

Bad Communication, Did not want to tarp

Name/Title (of person providing the above information): Vitalie Filipenco / President

Company: VITAL TRANS INC

Date: 4/3/24



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Name of Applicant: Marcos A Leon Fuentes SSN: 592629884

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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: _____