



- CONFIDENTIAL -

Company: ZIGI FREIGHT INC (USDOT 2828543) Phone: (630) 485-7370 Date: 01/20/23
Address: 6850 W 63RD STREET CHICAGO, IL 60638 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.

Aleksandar Jovicic (Jan 20, 2023 11:14 CST)

Safety Department (Jan 20, 2023 11:16 CST)

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: Aleksandar Jovicic SSN: 635853802 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 : 09/01/2021 End Date : 01/09/2023

Company Driver Owner/Operator Other?

Type of tractor operated: semi truck Type of trailer pulled: dry van

Other equipment operated: 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: Speeding

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? He was on 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): Diana Baranda

Company: Royal 3 inc

Date: 01/20/2023



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[Signature]
Aleksandar Jovicic (Jan 20, 2023 11:14 CST)

[Signature]
Safety Department (Jan 20, 2023 11:16 CST)

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Name of Applicant: Aleksandar Jovicic SSN: 635853802 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 : \_\_\_\_\_ End Date : \_\_\_\_\_

[ ] 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): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_