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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 05/15/24**Address:** 301 NW 171ST ST MIAMI GARDENS, FL 33169 **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.


Ferreiro Peraza, Alfredo (May 15, 2024 13:28 EDT)
Kristina Milacic (May 15, 2024 13:29 EDT)

Applicant's Signature

Company representative

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/magYbg]hij Y d'cg]hcbZMc f Z]bX]b[H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci _]bX mfyd' mhc H Jg]bei JfmfygdYV]b[H Jg Udd J]Wbh" 5g nci k J" fYUX k Uij Yf gUHUX Uvcj YZU" JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

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

Name of Applicant: Ferreiro Peraza, Alfredo SSN: 649841849

Job Applying For: OTR Driver

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

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : 09/2023 End Date : 05/2024

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: tractor-trailer 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): Giovanni Pedrazzoli

Company: Star Transportation PA, INC.

Date: 5/16/2024





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

Name of Applicant: Ferreiro Peraza, Alfredo SSN: 649841849

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: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ELITE FLOWER SERVICES INC (DOT1203189) **Phone:** (305) 436-7400**Date:** 05/15/24**Address:** 6745 NW 36TH ST STE 290 MIAMI, FL 33166 **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.


Ferreiro Peraza, Alfredo (May 15, 2024 13:28 EDT)
Kristina Milacic (May 15, 2024 13:29 EDT)

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: Ferreiro Peraza, Alfredo SSN: 649841849**Job Applying For:** OTR DriverDid 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 : 8/11/2022 End Date : 8/8/2023☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Sleeper Type of trailer pulled: Semi-trailer Reefer 53"

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? ResignWould 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): Aleksia Silva; HR Data AnalystCompany: ELITE FLOWERDate: 05/16/2024



- CONFIDENTIAL -

Company: ELITE FLOWER SERVICES INC (DOT1203189) **Phone:** (305) 436-7400**Date:** 05/15/24**Address:** 6745 NW 36TH ST STE 290 MIAMI, FL 33166 **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.


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Applicant's Signature

Company representative

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H Y dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H' Jg' Wda dUbmZcf' Ya d' cna Ybh]b' U' gUZYmAgYbg]hij Y' d'cg]h'cbZ' Mti f' Z]bX]b[' H' Y
Udd' J]WbhUg' U' dUghYa d' cnyf"K J" nci _]bX' mfyd' m'hc' H' Jg]bei Jf mfygdYV]b[' H' Jg' Udd' J]Wbh' 5g' nci ' k J" fYUX' k U]j Yf' g' UH' X
UVcj YZ' U" JUV] J]mcZnci ' UbX' nci f' Wda dUbm' Ug' VYYb' fY' YUgYX' Vm' h' Y' Udd' J]Wbt"

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

Name of Applicant: Ferreiro Peraza, Alfredo SSN: 649841849

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: _____

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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: _____