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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** PROFESSIONAL LOGISTICS INC (DOT1329089) **Phone:** (786) 428-1172**Date:** 09/04/24**Address:** 5532 OLIVE AVENUE SARASOTA, FL 34231 **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.

Ramon Alberto Leyva Gonzalez (Sep 4, 2024 12:36 EDT)

Kristina Milacic (Sep 4, 2024 12:36 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

H Y dYfgcb bUa YX\ YfY]b \ Ug Udd JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd J]MbhUg U dUghYa d'cnYf"K J" nci \_]bX mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[ H Jg Udd J]Mbh"5g'nci 'k J" fYUX'k Uij Yf gUHXY UVcj YZU""JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX Vmih Y Udd J]Mbt"

**PLEASE BE ADVISED!** Mti 'a UnfYd'nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**Name of Applicant:** Ramon Alberto Leyva Gonzalez **SSN:** 362311829**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 : 11/2020 End Date : 08/2024

☐ Company Driver ☐ Owner/Operator ☒ Other? SUB-CONTRACTED DRIVER

Type of tractor operated: Tractor Trailer Type of trailer pulled: 53 foot dry van

Other equipment operated: N/A Commodities operated: Dry 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? \_\_\_\_\_

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

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

None

Name/Title (of person providing the above information): Maria Elena Pestano Adm Assistant

Company: Professional Logistics Inc

Date: 9/6/24

BRZ



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Udd'J]MbhUg'U'dUghYa d'cnyf'"K J'"nci \_]bX'mfYd'mhc'H]g]bei J'mfYgdYV]b[ 'H]g'Udd'J]Mbh'5g'nci 'k J'"fYUX'k U]j Yf'gUHfX  
UVcj YZU'"JUV]J]micZnci 'UbX'nci f'Wda dUbm\UgVYYb'fY'YUgYX Vm'h Y'Udd'J]Mbt"

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

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

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