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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: A MORALES TRUCKING INC (DOT1422137) **Phone:** (239) 271-6902**Date:** 09/18/24**Address:** 3110 50TH ST W LEHIGH ACRES, FL 33971 **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.

Eduardo
Garofalo Eduardo (Sep 18, 2024 12:12 EDT)

Kristina
Kristina Milacic (Sep 18, 2024 12:13 EDT)

Applicant's Signature

Company representative

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PLEASE BE ADVISED: by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:**

Garofalo Eduardo SSN: 769143346

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 : 8-12-24 End Date : 9-13-24☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Dump truck 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? better job oportunit: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): Abel moralesCompany: A MORALES TRUCKING INCDate: 10-13-24




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: VELOX TRANSPORT SOLUTIONS LLC (DOT23410099) **Phone:** (877) 214-2395**Date:** 09/18/24**Address:** 7500 NW 52ND ST STE 200 MIAMI, FL 33166-5513 **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.


Garofalo Eduardo (Sep 18, 2024 12:12 EDT)
Kristina Milacic (Sep 18, 2024 12:13 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ Ymg Ybg H j Y d c g H j c b z M c i f Z b X b H Y
Udd J W b h U g U d U g h Y a d'c n Y f " K J " n c i J b X m f Y d m h c H g j b e i J m f Y g d Y W j b H g U d d J W b h 5 g n c i k J " f Y U X k U j Y f g U H Y X
U V c j Y z U " J U V J J m c Z n c i U b X n c i f W d a d U b m U g V Y Y b f Y Y U g Y X V n h Y U d d J W b t "

PLEASE BE ADVISED! M c i a U m f Y d m b y FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Garofalo Eduardo SSN: 769143346

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 : 08/19/2023 End Date : 01/26/2024

☒ Company Driver ☐ Owner/Operator ☐ Other? TPD

Type of tractor operated: Tractor- Trailer Type of trailer pulled: dry van

Other equipment operated: X 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? _____

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): Joel Cordova, Driver Recruiter

Company: VELOX TRANSPORT

Date: 10/10/2024