

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## CONFIDENTIAL -

 Company:
 Alvarado Sand & Gravel
 Phone:
 (817) 938-5001
 Date:
 11/05/24

 Address:
 4372 I35 W Alvarado, TX 76009
 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.

Gregory Pollock (Nov 5, 2024 11:16 CST)	Safety Department (Nov 5, 2024 11:17 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: Gregory Jack Pollock SSN: 050-70-63	390 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 : 47003 End Date : 107003  Company Driver Owner/Operator Other?  Type of tractor operated: Type of trailer pulled: 107003	
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?	ves, please give date:
Verified positive controlled substances test results? Yes No If y	ves, please give date:
Refusals to be tested?	ves, please give date:
Rehab completed under direction of SAP/MRO? Yes No If y	res, please give date:
Any problems with bonding? Yes No If yes, please explain:	
Why did this employee leave your company? No If no, please explain: We gon't Vehicle	
MU (all, MU SMOW anvers.	
Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? New York Control of the Contr	
Name/Title (of person providing the above information): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	