

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

### - CONFIDENTIAL -

 Company:
 ROYAL 3 INC (USDOT 2828543)
 Phone:
 (630) 485-7370
 Date:
 12/27/23

 Address:
 6850 W 63RD STREET CHICAGO, IL 60638
 Fax:

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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.

Carlos R Rodriguez (Dec 27, 2023 14:54 CST)	Safety Marrager (Dec 29, 2023 11:59 CST)
Applicant's Signature	Company representative
Name of Applicant: Carlos R Rodriguez SSN: 64	1726703 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: No  If No, please explain:	
If employed as a driver, please answer the following: Start Dat Company Driver Owner/Operator Other?	e: 03/27/2023 End Date: 06/15/2023
Type of tractor operated: Semi truck Type of tr	ailer pulled:
Other equipment operated: N/A Commodition	es operated: General Freight
Accidents: Yes X No If yes, please give the date and br	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results? Yes	No If yes, please give date:
Refusals to be tested?	No If yes, please give date:
Rehab completed under direction of SAP/MRO? $\square$ Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No If yes, please give date:
Any problems with bonding? Yes 💢 If yes, please ex	plain:
Why did this employee leave your company?_ +30 days vacati	on
Would you re-employee this person? XYes \(\sum \text{No}\) No If no, pl	
Additional comments: ( Any problems with customer relations, sup	pervision, or abuse of equipment?
Name/Title (of person providing the above information): Mateja	Markovic

Royal3 Inc.

Date: 01/15/2024



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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. Carlos R Rodriguez (Dec 27, 2023 14:54 CST) ec 29, 2023 11:59 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. Carlos R Rodriguez SSN: 641726703 Job Applying For: OTR Driver Name of Applicant: Did the Applicant work for you as a driver: No If No, please explain: If employed as a driver, please answer the following: Start Date : End Date : Other? Company Driver Owner/Operator 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: \_\_\_\_ No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: \_\_\_\_\_ Any problems with bonding? If yes, please explain: Yes No

Royal3 Inc.

Company:

Why did this employee leave your company?\_\_\_

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

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

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



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### - CONFIDENTIAL -

Company: BRZ (USDOT 3119062) Phone: (708) 303-5150 Date: 12/27/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459 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.

Carlos R Rodriguez (Dec 27, 2023 14:54 CST)		Safety Manager (Pec 29, 2023 11:59 CST)
		Company representative
Dear Personnel Manager The person named herein has applied to this compapplicant as a past employer. Will you kindly reply above, all liability of you and your company has be <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 63	to this inquiry reseen released by the	specting this applicant. As you will read waiver stated e applicant.
Name of Applicant: Carlos R Rodriguez	SSN: 641726703	3 Job Applying For: OTR Driver
Did the Applicant work for you as a driver:	No	
If employed as a driver, please answer the following:		
Type of tractor operated: Semi truck	Гуре of trailer pulled:	Dry Van
Other equipment operated: N/A Co		
Accidents: Yes X No If yes, please give the da	te and brief descripti	on of each accident:
Traffic Violations: Yes No If yes, please list	all including the dat	e and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBST	ANCES INFORMAT	TION
Alcohol tests with a result of 0.04 or greater?	es 🔀 No If ye	s, please give date:
Verified positive controlled substances test results?	es No If ye	s, please give date:
Refusals to be tested?	es No If yes	s, please give date:
Rehab completed under direction of SAP/MRO?	es XNo If yes	s, please give date:
Any problems with bonding? Yes 🤘 If yes, p	olease explain:	
Why did this employee leave your company?_+30 days	vacation	
Would you re-employee this person?	If no, please explain	1:
Additional comments: ( Any problems with customer rela	tions, supervision, or	abuse of equipment?
Name/Title (of person providing the above information): Company: BRZ	Mateja Markovi	0
Date: 01/15/2024		



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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Company: BRZ (USDOT 3119062) Phone: (708) 303-5150 Date: 12/27/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459 Fax:

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from any and all liable type as a result of providing the following infor	mation to the below mentioned person and/or company.	
Carlos R Rodriguez (Dec 27, 2023 14:54 CST)	Safety Marrager (Dec 29, 2023 11:59 CST)	
Applicant's Signature	Company representative	
Dear Personnel Manager The person named herein has applied to this company for em applicant as a past employer. Will you kindly reply to this inq above, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	uiry respecting this applicant. As you will read waiver stated d by the applicant.	
Name of Applicant: Carlos R Rodriguez SSN: 6417	26703 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 :  Company Driver Owner/Operator Other?	End Date :	
Type of tractor operated: Type of traile	r pulled:	
Other equipment operated: Commodities o	perated:	
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 INF		
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results? Yes No If yes, please give date:		
Refusals to be tested?		
Rehab completed under direction of SAP/MRO?	If yes, please give date:	
Any problems with bonding? Yes No If yes, please explain	n:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: ( Any problems with customer relations, superv	rision, or abuse of equipment?	
Name/Title (of person providing the above information): Company:		
Date:		

Royal3 Inc.