

- CONFIDENTIAL -

Date: 03/28/23 Phone: (708)303-5150 Company: BRZ (USDOT 3119062) 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. 28, 2023 13:58 CDT) 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: Yordany Guevara Gomez SSN: 668768549 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Nο If No, please explain: _ If employed as a driver, please answer the following: Other? Company Driver Owner/Operator Type of tractor operated: <u>Semi-truck</u> Type of trailer pulled: <u>Dry Van</u> Other equipment operated: N/A Commodities operated: 03/31/2023 Accidents: Yes X No If yes, please give the date and brief description of each accident: ■ No Traffic Violations: Yes 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 X No If yes, please give date: X No Verified positive controlled substances test results? Yes If yes, please give date: _____ **X** No Refusals to be tested? Yes If yes, please give date: ___ X No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: _____ Any problems with bonding? Yes If yes, please explain:_ Why did this employee leave your company? +30 days vacation Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?______ Name/Title (of person providing the above information): Mateia Markovic

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Royal3 Inc.

Company: <u>BRZ</u>
Date: <u>03/21/2023</u>



- CONFIDENTIAL -

Date: 03/28/23 Phone: (708)303-5150 Company: BRZ (USDOT 3119062) 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. Yordany (Na. 28, 2023 13:58 CDT) Company representative Applicant's Signature **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: Yordany Guevara Gomez SSN: 668768549 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Nο 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 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: __

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Royal3 Inc.

Date: ____



- CONFIDENTIAL -

Date: 03/28/23 Company: BRZ (USDOT 3119062) Phone: (708) 303-5150 Address: 8225 LECLAIRE AVE BURBANK, IL 60459 Fax:

2

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.

Applicant's Signature	Company representative	
Yordany (14, 28, 2023 13:58 CDT)	Safety Department (Mar 29, 2023 10:49 CDT)	

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: Yordany Guevara Gomez ssn: 668768549	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 : <u>09/13/2019</u>	End Date : <u>06/02/2020</u>
Company Driver	
Type of tractor operated: <u>Semi truck</u> Type of trailer pulled: <u>Dry Van</u>	
Other equipment operated: N/A Commodities operated: General freig	ght
Accidents: Yes X No If yes, please give the date and brief description of each ac	cident:
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?	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?_+30 days vacation	
Would you re-employee this person? ✓ Yes ✓ No If no, please explain:	
Additional comments: (Any problems with customer relations, supervision, or abuse of equi	ipment?
Name/Title (of person providing the above information): Mateja Markovic	
Company: BRZ	
Date: 03/30/2023	



CONFIDENTIAL -

Date: 03/28/23 Company: BRZ (USDOT 3119062) Phone: (708) 303-5150 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. 28, 2023 13:58 CDT) tment (Mar 29, 2023 10:49 CDT) Company representative Applicant's Signature **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: Yordany Guevara Gomez SSN: 668768549 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Nο 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: ____ Rehab completed under direction of SAP/MRO? Yes No If yes, please give date: _____ Any problems with bonding? If yes, please explain:__ Yes No 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): _____

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Royal3 Inc.

Company: __ Date: __



- CONFIDENTIAL -

 Company:
 ROYAL 3 (USDOT 2828543)
 Phone:
 (630) 485-7370
 Date:
 03/28/23

 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.

from any and all liable type as a result of providing the following the	Safety December (Mar 29, 2023 10:49 CDT)	
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.		
The person named herein has applied to this company to applicant as a past employer. Will you kindly reply to the above, all liability of you and your company has been re	nis inquiry respecting this applicant. As you will read waiver stated eleased by the applicant.	

Did the Applicant words for your and driver. Nee	Nie		
Did the Applicant work for you as a driver: Yes If No, please explain:	No		
If employed as a driver, please answer the following: ☐ Company Driver ☐ Owner/Operator ☐ Other?			End Date : <u>06/02/2020</u>
Type of tractor operated: Semi truck	Type of trailer pu	ılled: <u>Dry Van</u>	
Other equipment operated: N/A C	ommodities opera	ated: <u>General freight</u>	
Accidents: Yes No If yes, please give the de	ate and brief desc	cription of each accid	dent:
Traffic Violations: Yes No If yes, please lis	st all including the	e date and type of vio	plation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFOR	MATION	
Alcohol tests with a result of 0.04 or greater?	res 🔀 No 1	If yes, please give da	te:
Verified positive controlled substances test results?	res 🔀 No 1	If yes, please give da	te:
Refusals to be tested?	res 🔀 No 1	If yes, please give da	te:
Rehab completed under direction of SAP/MRO?	res 🔀 No 1	If yes, please give da	te:
Any problems with bonding? Yes No If yes,	please explain:		
Why did this employee leave your company? +30 days v	vacation		
Would you re-employee this person? ☐ Yes ☒ No	If no, please ex	xplain:	
Additional comments: (Any problems with customer relationships)	ations, supervisio	n, or abuse of equipr	nent?
Name/Title (of person providing the above information):	Mateja Markovid	2	
Company: Royal3			
Date: 03/31/2023			



- CONFIDENTIAL -

Company: ROYAL 3 (USDOT 2828543) Date: 03/28/23 Phone: (630) 485-7370 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

Dear Personnel Manager The person named herein has applied to this	s company for employment in a safety-sensitive position, Your finding the
Applicant's Signature	Company representative
Yordany (MX 28, 2023 13:58 CDT)	Safety Decartment (Mar 29, 2023 10:49 CDT)
from any and all liable type as a result of providin	g the following information to the below mentioned person and/or company.

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: Yordany Guevara Gomez	ssn: 668768549	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No	
If employed as a driver, please answer the following: Company Driver Owner/Operator Other?	Start Date :	
Type of tractor operated:	Type of trailer pulled:	
Other equipment operated: Commodities operated:		
Accidents: Yes No If yes, please give the d	late and brief description of each acc	ident:
Traffic Violations: Yes No If yes, please li	st all including the date and type of v	iolation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	Yes No If yes, please give d	ate:
Verified positive controlled substances test results?	Yes No If yes, please give d	ate:
Refusals to be tested?	Yes No If yes, please give d	ate:
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 re	lations, supervision, or abuse of equip	oment?
Name/Title (of person providing the above information)	:	
Company:		
Date:		



- CONFIDENTIAL -

Phone: (708) 303-5150 Company: BRZ (USDOT 3119062) Date: 03/28/23

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 elease this company, and its employees, officers, directors, and agents	
from any and all liable type as a result of providing the following infor	mation to the below mentioned person and/or company.	
Yordany (N. 28, 2023 13:58 CDT)	Safety Department (Mar 29, 2023 10:49 CDT)	
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: Yordany Guevara Gomez SSN: 6687	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?		
Type of tractor operated: <u>Semi truck</u> Type of traile	r pulled: <u>Dry Van</u>	
Other equipment operated: N/A Commodities o	perated: General freight	
Accidents: Yes X No If yes, please give the date and brief of	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	ORMATION	
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?	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	n:	
Why did this employee leave your company?_+30 days vacation		
Would you re-employee this person? ☐ Yes ☐ No If no, please	e explain:	
Additional comments: (Any problems with customer relations, superv	vision, or abuse of equipment?	
Name/Title (of person providing the above information): Mateja Mark	ovic	
Company: BRZ	_	

Date: <u>03/31/2023</u>



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Company: BRZ (USDOT 3119062) Phone: (708) 303-5150 Date: 03/28/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459 Fax:

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Yordany (N. 28, 2023 13:58 CDT)	Safety Decentrin Int (Mar 29, 2023 10:49 CDT)	
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Name of Applicant: Yordany Guevara Gomez SSN: 66870	30b 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 trailer	r pulled:	
Other equipment operated: Commodities on	perated:	
Accidents: Yes No If yes, please give the date and brief of	lescription 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 INFO	ORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results?	If yes, please give date:	
Refusals to be tested?		
Rehab completed under direction of SAP/MRO?		
Any problems with bonding? Yes No If yes, please explain	n:	
Why did this employee leave your company?		
Would you re-employee this person? \square Yes \square No \square If no, please	e explain:	
Additional comments: (Any problems with customer relations, supervi	ision, or abuse of equipment?	
Name/Title (of person providing the above information):		
Company:	_	

Royal3 Inc.