

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 10/25/23

Company: ROYAL3 INC (USDOT 2828543) Phone: (630) 485-7370

Address: 6850 W 63RD STREET CHICAGO, IL 6063 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.

from any and all liable type as a result of providing the following inform	nation to the below mentioned person and/or company.
Bruce Alexander Neibaur (Oct 25, 2023 15:42 CDT)	Safety manage (10+27, 2023 09-20 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager	Company representative
The person named herein has applied to this company for emplapplicant as a past employer. Will you kindly reply to this inqui above, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Bruce Alexander Neibaur SSN: 64709	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 Date :	
Type of tractor operated: Semi truck Type of trailer	pulled:
Other equipment operated: N/A Commodities ope	
Accidents: 🗌 Yes 💢 No 🏻 If yes, please give the date and brief de	escription of each accident:
Traffic Violations: Yes XNo If yes, please list all including t	he date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	PRMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? XYes \(\subseteq\) No	If yes, please give date: 04/08/2022
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes My If yes, please explain:	
Why did this employee leave your company? Positive random drug	g test.
Would you re-employee this person? Yes \(\sum \text{No}\) No If no, please	explain:
Additional comments: (Any problems with customer relations, supervis	ion, or abuse of equipment?
Name/Title (of person providing the above information): Mateja Ma Company: Royal 3	ırkovic
Date: 11/09/2023	



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connection with my application for employment company, I hereby from any and all liable type as a result of providing the following inf	release this company, and its employees, officers, directors, and agents formation to the below mentioned person and/or company.
Bruce Alexander Neibaur (Oct 25, 2023 15:42 CDT)	Safety manager (Oct 27, 2023 09:20 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for e applicant as a past employer. Will you kindly reply to this ir above, all liability of you and your company has been releas PLEASE BE ADVISED! You may reply by FAX +1 630 485 69	nquiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Bruce Alexander Neibaur SSN: 647	7098495 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 tra	iler pulled:
Other equipment operated: Commodities	s operated:
Accidents: Yes No If yes, please give the date and brid	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includi	ing the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	NFORMATION
Alcohol tests with a result of 0.04 or greater?	o If yes, please give date:
Verified positive controlled substances test results? Yes	o If yes, please give date:
Refusals to be tested?	o If yes, please give date:
Rehab completed under direction of SAP/MRO?	o If yes, please give date:
Any problems with bonding? Yes No If yes, please exp	lain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, ple	ase explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	<u></u>



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from any and all liable type as a result of providing the following in	release this company, and its employees, officers, directors, and agent formation to the below mentioned person and/or company.
Bruce Alexander Neibaur (Oct 25, 2023 15:42 CDT)	Safety manage (Oct 27, 2023 09:20 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for e applicant as a past employer. Will you kindly reply to this in above, all liability of you and your company has been releas PLEASE BE ADVISED! You may reply by FAX +1 630 485 69	nquiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Bruce Alexander Neibaur SSN: 647	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yo No If No, please explain:	
If employed as a driver, please answer the following: Start Date Company Driver Owner/Operator Other?	: <u>08/05/2022</u> End Date : <u>05/16/2023</u>
Type of tractor operated: Semi truck Type of tra	iller pulled: _Dry Van
Other equipment operated: N/A Commodities	s operated:General freight
Accidents: Yes No If yes, please give the date and brid	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includi	ing the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	NFORMATION
Alcohol tests with a result of 0.04 or greater?	o If yes, please give date:
Verified positive controlled substances test results? Yes	o If yes, please give date:
Refusals to be tested?	o If yes, please give date:
Rehab completed under direction of SAP/MRO?	o If yes, please give date:
Any problems with bonding? Yes 🤾 If yes, please exp	lain:
Why did this employee leave your company? Co-driver had an	emergency and had to go to the hospital.
Nould you re-employee this person? XYes \text{No} \text{ No} If no, ple	ase explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information): Mateja	Markovic
Company: Royal 3	



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completion under direction of SAP/MRO) to each and every compan connection with my application for employment company, I hereby from any and all liable type as a result of providing the following infi	release this company, and its employees, officers, directors, and agents
Bruce Alexander Neibaur (Oct 25, 2023 15:42 CDT)	Safety manager (Oct 27, 2023 09:20 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for eapplicant as a past employer. Will you kindly reply to this in above, all liability of you and your company has been releas PLEASE BE ADVISED! You may reply by FAX +1 630 485 698	equiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Bruce Alexander Neibaur SSN: 647	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	: End Date :
Type of tractor operated: Type of trai	ler pulled:
Other equipment operated: Commodities	operated:
Accidents: Yes No If yes, please give the date and brie	f description of each accident:
Traffic Violations: Yes No If yes, please list all including	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION
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?	If yes, please give date:
Any problems with bonding? Yes No If yes, please expl	ain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, plea	ase explain:
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Name/Title (of person providing the above information):	
Company:	
Date:	