

3 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 12/21/23

Company: BRZ (USDOT 3119062)

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

Phone: (708) 303-5150

Fax:
ent, including assessments of my job previous abi

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 All liable type as a result of providing the Rene Rodriguez (Dec 21, 2023 12:13 CST)	following information to the below me	
Applicant's Signature	Company repre	esentative
Dear Personnel Manager The person named herein has applied to this con applicant as a past employer. Will you kindly rep above, all liability of you and your company has personnel by FAX +10	oly to this inquiry respecting this a been released by the applicant.	applicant. As you will read waiver stated
Name of Applicant: Rene Rodriguez	SSN: 772502314	Job Applying For: OTR Driver
Did the Applicant work for you as a driver:	No	
If employed as a driver, please answer the following: Company Driver Owner/Operator Other		
Type of tractor operated: Semi truck	Type of trailer pulled: Dry Van	
Other equipment operated: N/A		ight
Accidents: Yes No If yes, please give the	date and brief description of each acc	ident:
Traffic Violations: Yes XNo If yes, please I	list all including the date and type of v	iolation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUB	STANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	Yes XNo If yes, please give d	late:
Verified positive controlled substances test results?	Yes No If yes, please give d	late:
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 d	ate:
Any problems with bonding? Yes 🥦 If yes	s, please explain:	
Why did this employee leave your company? +30 day	ys vacation	
Would you re-employee this person? ✓ Yes ✓ No		
Additional comments: (Any problems with customer re	elations, supervision, or abuse of equip	oment?
Name/Title (of person providing the above information	_{):} Mateja Markovic	

Company: BRZ
Date: 01/01/2024



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RL		Duf-	
Rene Rodriguez (Dec 21, 2023 12:13 CST)		Safety Manager (Jan 4, 2024 08:46 CST)	
Applicant's Signature Company i		Company representative	
Dear Personnel Manager The person named herein has applied to this com applicant as a past employer. Will you kindly repl above, all liability of you and your company has b PLEASE BE ADVISED! You may reply by FAX +1 6	y to this inquiry respeen released by the	pecting this applicant. As you will read waiver stated applicant.	
Name of Applicant: Rene Rodriguez	SSN: 772502314	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?		End Date :	
Type of tractor operated:	Type of trailer pulled:		
Other equipment operated: C	Commodities operated:		
Accidents: Yes No If yes, please give the da	ate and brief descriptio	n of each accident:	
Traffic Violations: Yes No If yes, please lis	st all including the date	and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMAT	ION	
Alcohol tests with a result of 0.04 or greater?	Yes No If yes	If yes, please give date:	
rified positive controlled substances test results? Yes No If yes, please give date:			
efusals to be tested?			
Rehab completed under direction of SAP/MRO? Yes No If yes, please give date:			
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 rela	ations, supervision, or	abuse of equipment?	
Name/Title (of person providing the above information):	·		
Company:			