



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Tara National Inc

Phone: (463) 205-1444

Date: 08/16/23

Address: 333 N ALABAMA STREET #350 INDIANAPOLIS, IN 46204 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.

Michel Victor (Aug 16, 2023 15:08 EDT)

Safety Department (Aug 16, 2023 15:13 EDT)

Applicant's Signature

Company representative

8YUf'DYfgcbby'A UbU[Yf

HAY dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H'lg'Wda dUbmZcf Ya d'cna Ybh]b' UgUZY/magYbg]hij Y' d'cg]h'cbZ' Mti f' Z]bX]b['HAY Udd']WbhUg' U' dUghYa d'cnyf"K J" nci _]bX' mfyd' m'hc' H'lg]bei]f mfygdYV]b['H'lg'Udd']Wbh' 5g'nci 'k J" fYUX'k U]j Yf'g'UHYX Uvcj YZU" JUV]]m'cZnci 'UbX'nci f' Wda dUbm' UgVYYb fY' YUgYX Vm'h' Y' Udd']Wbt"

PLEASE BE ADVISED! Mti 'a Umfyd' mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:

Victor Michel

SSN: 314-43-6099

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 : 06-24-2023 End Date : 08-13-2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: semi truck Type of trailer pulled: dry van 53 feet

Other equipment operated: no 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? Yes No ☒ If yes, please explain: _____

Why did this employee leave your company? He was driving company truck when the truck was stolen along with trailer and cargo in. The load is worth \$98k plus truck and trailer its total of over 200k dollars. He is still under investigation

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

Because of the reason above.

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? I am sending you police report along with this form.

Name/Title (of person providing the above information): safety department

Company: Tara National INC

Date: 08-30-2023



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Name of Applicant:

Victor Michel

SSN: 314-43-6099

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 : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

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? 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 relations, supervision, or abuse of equipment? _____

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

Company: _____

Date: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Gardi LLC

Phone: (908) 342-0792

Date: 08/16/23

Address: 2243 SOUDING CT GREENACRES, FL 33413 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.

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Applicant's Signature

Company representative

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H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y d'cgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H g bei J mYgdYV M b H g Udd J Wbh 5g nci k J fYUX k Uij Yf g UH X Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

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Name of Applicant:

Victor Michel

SSN: 314-43-6099

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 : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

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? 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 relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): Gardiana Jean Louis, Business ownerCompany: Gardi LLCDate: Aug 30, 2023



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SSN: 314-43-6099

Job Applying For: OTR Driver

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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 relations, supervision, or abuse of equipment? _____

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

Company: _____

Date: _____