



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ORUC LOGISTIC (USDOT 2576118)

Phone: 6512083882

Date: 08/30/23

Address: 2341 SAINT CROIX ST ROSEVILLE, MN 55113 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.

Bayardo Jose Salazar Cortez (Aug 30, 2023 12:43 CDT)

Safety manager (Aug 30, 2023 15:58 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@rtbrz.com.

Name of Applicant: Bayardo Jose Salazar Cortez SSN: 595702967

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 : 3-2-21 End Date : 8-31-23☐ Company Driver ☒ Owner/Operator ☐ Other? _____Type of tractor operated: SUPER Type of trailer pulled: 53"Other equipment operated: CHASSIES Commodities operated: AKGAccidents: ☒ Yes ☐ No If yes, please give the date and brief description of each accident: ORUC TOWN
TRUCK FLIPS OVER DUE TO THE HIGH WINDS 3/31/23Traffic 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): DAMIAN ORUC CEOCompany: ORUC LOGISTICS LLCDate: 9-25-23



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Company: _____

Date: _____