

#### - CONFIDENTIAL -

#### Company: Smart Trans Logistics

Phone: 6306348034

Date: 07/06/22

Address: Court A, 1S376 Summit Ave STE 2D, Oakbrook Terrace, IL 60181 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.

1

from any and all liable type as a result of providing the following information	on to the below mentioned person and/or company.
NOT A REAL REAL REAL REAL REAL REAL REAL RE	ANT
Marthy Araujo (Jul 6, 2022 13:00 CDT)	Safety Department (Jul 6, 2022 13:06 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for employ applicant as a past employer. Will you kindly reply to this inquiry above, all liability of you and your company has been released by <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e	respecting this applicant. As you will read waiver stated the applicant.
Name of Applicant: Marthy Alejandro Araujo Araujo SSN: 0546722	95 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: No If No, please explain:	
	8/2020 End Date : 11/15/2021
Company Driver Owner/Operator Other? Contractor	
Type of tractor operated: Tractor semi-trailer Type of trailer pull	ed:
Other equipment operated: Commodities operat	ed: General commodity
Accidents: $\Box$ Yes $X$ No $\Box$ If yes, please give the date and brief descr	iption of each accident:
	date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORM	
Alcohol tests with a result of 0.04 or greater?	yes, please give date:
Verified positive controlled substances test results? Yes XNo If	yes, please give date:
Refusals to be tested?	yes, please give date:
Rehab completed under direction of SAP/MRO?	yes, please give date:
Any problems with bonding? Yes No If yes, please explain:	
Why did this employee leave your company?_Resigned	
Would you re-employee this person? Yes No If no, please exp	<sub>lain:</sub> Upon review
Additional comments: ( Any problems with customer relations, supervision,	, or abuse of equipment?
Name/Title (of person providing the above information): <u>Teodora Kost</u>	ova / Safety

Date: 07/19/2022



#### - CONFIDENTIAL -

Company: SMART TRANS LOGISTICS INC (USDOT 2424011) Phone: (630) 634-8034

Date: 09/26/23

Address: 6111 KNOLLWOOD RD APT103 WILLOWBROOK, IL 60527 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.

1

 Marthy Aleyshdro Araujo (Sep 26, 2023 14:25 CDT)
 Safety Managed (Oct 2, 2023 09:39 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: Marthy Alejandro Araujo Araujo SSN: 054-67-2295

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 accid	lent:
Traffic Violations: Yes No If yes, please list all including the date and type of vio	plation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give da	te:
Verified positive controlled substances test results? Yes No If yes, please give da	te:
Refusals to be tested?	te:
Rehab completed under direction of SAP/MRO?	te:
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 equipr	nent?
Name/Title (of person providing the above information):	
Company:	
Date:	



### - CONFIDENTIAL -

Company: BRZ (USDOT 3119062)

Phone: (708) 303-5150 Fax: Date: 09/26/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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.

2

Dear Personnel Manager		
Applicant's Signature	Company representative	
Marthy Alejendro Araujo Araujo (Sep 26, 2023 14:25 CDT)	Safety Manager (Oct 2, 2023 09:39 CDT)	

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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Marthy Alejandro Araujo Araujo SSN: 054-67-2295

Did the Applicant work for you as a driver: Vec No If No, please explain:
If employed as a driver, please answer the following: Start Date :01/19/2022 End Date :05/27/22
Company Driver Owner/Operator Other?
Type of tractor operated: <u>Semi truck</u> Type of trailer pulled: <u>Dry Van</u>
Other equipment operated: <u>N/A</u> Commodities operated: <u>General freight</u>
Accidents: 🗌 Yes 🔀 No 🛛 If yes, please give the date and brief description of each accident:
Traffic Violations: Yes XNo 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?
Verified positive controlled substances test results? 🗌 Yes 💢 No 🛛 If yes, please give date:
Refusals to be tested?
Rehab completed under direction of SAP/MRO? Yes XNo If yes, please give date:
Any problems with bonding? Yes 🐹 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 equipment?
Name/Title (of person providing the above information):
Company: BRZ Date: 10/02/2023



### - CONFIDENTIAL -

Company: BRZ (USDOT 3119062)

Phone: (708) 303-5150 Fax: Date: 09/26/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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.

2

Marthy Aleysfidro Araujo Araujo (Sep 26, 2023 14:25 CDT)	Safety Manager (Oct 2, 2023 09:39 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 inqu above, all liability of you and your company has been released <u>PLEASE BE ADVISED!</u> 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: Marthy Alejandro Araujo Araujo SSN: 054-6	<i>Job Applying For:</i> 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: Type of trailer	r pulled:
Other equipment operated: Commodities of	perated:

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?	No If yes, please give date:	
Verified positive controlled substances test results?	No If yes, please give date:	
Refusals to be tested?	No If yes, please give date:	
Rehab completed under direction of SAP/MRO?	No If yes, please give date:	
Any problems with bonding? Yes No If yes, please	explain:	
Why did this employee leave your company?		
Additional comments: ( Any problems with customer relations, s	supervision, or abuse of equipment?	
Name/Title (of person providing the above information):		
Company:		
Date:		

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## - CONFIDENTIAL -

#### Company: ROYAL 3 INC (USDOT 2828543)

Phone: (630) 634-8034 Fax: Date: 09/26/23

Address: 6850 W 63RD STREET CHICAGO, IL 60638

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.

3

Marthy Alejondro Araujo Araujo (Sep 26, 2023 14:25 CDT)	Safety Manager (Oct 2, 2023 09:39 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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Marthy Alejandro Araujo Araujo SSN: 054-67-2295

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 : 07/06/2022 End Date : 11/29/2022
Company Driver Owner/Operator Other?
Type of tractor operated: Semi truck Type of trailer pulled: Dry Van
Other equipment operated: Commodities operated:General freight
Accidents: 🗌 Yes 🔀 No 🛛 If yes, please give the date and brief description of each accident:
Traffic Violations: Yes XNo 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 XNo If yes, please give date:
Verified positive controlled substances test results? 🗌 Yes 🛛 Xo 🛛 If yes, please give date:
Refusals to be tested?
Rehab completed under direction of SAP/MRO? 🛛 Yes 📈 No 🛛 If yes, please give date:
Any problems with bonding? Yes 🕅 If yes, please explain:
Why did this employee leave your company?+30 days vacation
Would you re-employee this person? XYes 🗌 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): <u>Mateja Markovic</u>
Company:
Date: 10/02/2023

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# - CONFIDENTIAL -

#### Company: ROYAL 3 INC (USDOT 2828543)

Phone: (630) 634-8034 Fax: Date: 09/26/23

Address: 6850 W 63RD STREET CHICAGO, IL 60638

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.

3

Marthy Aleyendro Araujo Araujo (Sep 26, 2023 14:25 CDT)	Safety Manager (Oct 2, 2023 09:39 CDT)
Applicant's Signature	Company representative
	y for employment in a safety-sensitive position, Your finding the this inquiry respecting this applicant. As you will read waiver stated released by the applicant.

<u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Marthy Alejandro Araujo Araujo SSN: 054-67-2295

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?
Rehab completed under direction of SAP/MRO?
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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company: BRZ (USDOT 3119062)

# SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

### - CONFIDENTIAL -

Phone: (708) 303-5150 Address: 8225 LECLAIRE AVE BURBANK, IL 60459 Fax:

Date: 09/26/23

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.

4

2023 09:39 CDT) Marthy A ndro Araujo Araujo (Sep 26, 2023 14:25 CDT) Safety Ma 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: Marthy Alejandro Araujo Araujo SSN: 054-67-2295

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 : <u>03/16/2023</u> End Date : <u>09/20/2023</u>
Type of tractor operated:       Semi truck       Type of trailer pulled:       Dry Van         Other equipment operated:       N/A       Commodities operated:       General freight
Accidents:       Yes       X       No       If yes, please give the date and brief description of each accident:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION
Alcohol tests with a result of 0.04 or greater?
Verified positive controlled substances test results? 🗌 Yes 🙀 No 🛛 If yes, please give date:
Refusals to be tested?
Rehab completed under direction of SAP/MRO?       Yes       Yes, please give date:         Any problems with bonding?       Yes       Yes, please explain:
Why did this employee leave your company? Switched companies
Would you re-employee this person? XYes 🗌 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): <u>Mateja Markovic</u> Company: BRZ
Date: 10/02/2023



Company: BRZ (USDOT 3119062)

# SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

### - CONFIDENTIAL -

Phone: (708) 303-5150 Address: 8225 LECLAIRE AVE BURBANK, IL 60459 Fax:

Date: 09/26/23

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.

4

2, 2023 09:39 CDT) Marthy A ndro Araujo Araujo (Sep 26, 2023 14:25 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: Marthy Alejandro Araujo Araujo SSN: 054-67-2295 Job Applying For: OTR Driver

d the Applicant work for you as a driver: Yes No No, please explain:
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:
ther equipment operated: Commodities operated:
ccidents: Yes No If yes, please give the date and brief description of each accident:
affic Violations: Yes No If yes, please list all including the date and type of violation:
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ehab completed under direction of SAP/MRO?
ny problems with bonding? Yes No If yes, please explain:
hy did this employee leave your company?
ould you re-employee this person? Yes No If no, please explain:
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ame/Title (of person providing the above information):
ompany:
ate: