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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Luby Incorporation (DOT: 3632075)**Phone:** 4077381330**Date:** 10/19/23**Address:** 914 Jadestone Cir Orlando, FL 32828**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.

Ismael Alea Del Risco (Oct 19, 2023 14:20 EDT)

Sara Todorovic (Oct 19, 2023 14:22 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci _]bX mifYd mhc H Jg]bei Jf mifYgdYV]b[H Jg Udd J]Wbh 5g'nci k J" fYUX k Uij Yf gUHXY Uvcj YZ U" JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

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

Name of Applicant: Ismael Alea Del Risco SSN: 595738361

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: KJW Freight LLC (DOT: 3979732)

Phone: (818) 937-1630

Date: 10/19/23

Address: 260 NORTHLAND BOULEVARD SUITE 131A CINCINNATI, OH 45246

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.

Ismael Alea Del Risco (Oct 19, 2023 14:20 EDT)

Sara Todorovic (Oct 19, 2023 14:22 EDT)

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: Ismael Alea Del Risco SSN: 595738361

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 : 01/01/23 End Date : 10/02/23

☒ 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? _____

Good driver

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

Company: KJW Freight LLC

Date: 10/27/2023



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

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H Y dYfgcb' bUa YX\ YfY]b\ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh]b' U' gUZYmAgYbg]hij Y' d'cg]h'cbZ' Mti f' Z]bX]b[' H' Y Udd']WbhUg' U' dUghYa d' cnyf"K J" nci ']bX' mfyd' m' h' g']bei]f mfygdYV]b[' H' g' Udd']Wbh' 5g' nci ' k J" fYUX' k U]j Yf g' UHXY Uvcj YZU"]UV]]mcZnci ' UbX' nci f' Wda dUbmUg' VYYb fY' YUgYX' VmH' Y Udd']Wbt"

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

Name of Applicant: Ismael Alea Del Risco SSN: 595738361

Job Applying For: OTR Driver

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

Company: _____

Date: _____