



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: RIKI TRANSPORTATION INC (3119062) **Phone:** 7083035150
Address: 8225 LECLAIRE AVE BURBANK, IL 60459 **Fax:**

Date: 10/24/23

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.

Carlos Moyano
Carlos Moyano (Oct 25, 2023 12:53 EDT)

Sara Todorovic
Sara Todorovic (Oct 26, 2023 09:45 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' WbhUg U dUghYa d'cnYf"K J" nci _]bX' mYd' mhc H Jg]bei JfmYgdYV]b[H Jg Udd' Wbh' 5g' nci 'k J" fYUX'k U]j Yf gUHXY
UVcj YZU" JUV] JmcZnci UbX' nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd' Wbt"
PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Carlos Rafael Moyano SSN: 770482561

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 : 11/2022 End Date : 10/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Semi truck Type of trailer pulled: Dry van

Other equipment operated: n/a Commodities operated: General freight

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? SWITCHED TO THE OTHER 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): Sofia, Safety department

Company: RIKI TRANSPORTATION INC

Date: 10/27/23



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: RIKI TRANSPORTATION INC (3119062) **Phone:** 7083035150
Address: 8225 LECLAIRE AVE BURBANK, IL 60459 **Fax:**

Date: 10/24/23

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.

Carlos Moyano
Carlos Moyano (Oct 25, 2023 12:53 EDT)

Sara Todorovic
Sara Todorovic (Oct 26, 2023 09:45 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 mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh' 5g'nci 'k J" fYUX k Uij Yf gUHfX
UVcj YZU" JUV] JmcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"
PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Carlos Rafael Moyano SSN: 770482561

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: _____