



1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** HOPE TRANS INC (DOT3135214)**Phone:** (317) 361-6540**Date:** 11/09/23**Address:** 2848 BARNES CT GREENWOOD, IN 46143**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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ/magYbgHj Y d'cgHjcbZMci f ZbXb H Y Udd JMbH Ug U dUgh Ya d'cnyf K J nci JbX mfyd mhc H g bei JmfYgdVMj b H g Udd JMbH 5g nci k J fYUX k Uj Yf gUHX Uvcj YZU JUV JmcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd JMbH

**PLEASE BE ADVISED!** Mci a Unfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).**Name of Applicant:** Alexis Chavez Becerra **SSN:** 187352317**Job Applying For:** OTR DriverDid the Applicant work for you as a driver: Yes ☒ No ☐ Dont know this person.

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): Jatinder Singh, 317-361-6540Company: Hope Trans IncDate: 11/10/2023



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

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**Company:** HOPE TRANS INC (DOT3135214)**Phone:** (317) 361-6540**Date:** 11/09/23**Address:** 2848 BARNES CT GREENWOOD, IN 46143**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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

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H Y dYfgcb bUa YX\YfY]b\UgUdd JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U'gUZ/magYbg]hij Y'dcg]hcbZ'Mci f Z]bX]b[ H Y Udd J]WbhUg U'dUghYa d'cnYf"K J" nci \_]bX'nfYd'mhc H Jg]bei JfmfYgdYV]b[ H JgUdd J]Wbh'5g'nci k J" fYUX'k U]j Yf gUHXX Uvcj YZU""JUV] J]mcZnci UbX'nci f Wda dUbmUg VYYb 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](mailto:safety@royal3inc.com).

Name of Applicant: Alexis Chavez Becerra SSN: 187352317

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: \_\_\_\_\_




2


SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BEE ZONE LOGISTICS LLC (DOT 3191514) **Phone:** (615) 800-6086**Date:** 11/09/23**Address:** 4130 LINDEN AVE STE 302 RIVERSIDE, OH 45432 **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.

  
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

  
Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZc Ya d'cna Ybh b U g UZ mngYbgHj Y d'cgHjcbZ Mti f Z bX b H Y  
Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYV M b H g Udd J Wbh 5g nci k J fYUX k Uj 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

**PLEASE BE ADVISED!** Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Alexis Chavez Becerra SSN: 187352317

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 : 5/2023 End Date : 8/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Truck-Tracktor Type of trailer pulled: \_\_\_\_\_

Other equipment operated: \_\_\_\_\_ Commodities operated: General

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? N/A

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): Safety Manager Beck M.

Company: BEE ZONE LOGISTICS LLC

Date: 11/21/2023



- CONFIDENTIAL -

**Company:** BEE ZONE LOGISTICS LLC (DOT 3191514) **Phone:** (615) 800-6086**Date:** 11/09/23**Address:** 4130 LINDEN AVE STE 302 RIVERSIDE, OH 45432 **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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

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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 gUHXX Uvcj YZ U" JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb 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](mailto:safety@royal3inc.com).

Name of Applicant: Alexis Chavez Becerra SSN: 187352317

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: \_\_\_\_\_

## ***Record Inactive***

The record matching **USDOT Number = 1354537** is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's [DataQs](#) system.



[SAFER Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#)

Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Kardan Trucking**Phone:** (812) 803-2380**Date:** 11/09/23**Address:** 8520 Allison Pointe Blvd, ste 220, Indianapolis IN 46250 **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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

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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'Mci f Z]bX]b[ H Y Udd' J]WbhUg U dUghYa d'cnYf"K J" nci \_]bX' mYd' m'hc H Jg]bei Jf mYgdYV]b[ H Jg Udd' J]Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXX Uvcj YZU" JUV] J]mcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX Vm'h Y Udd' J]Wbt"

**PLEASE BE ADVISED!** Mti 'a UmYd' mby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Alexis Chavez Becerra SSN: 187352317

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: \_\_\_\_\_



4


SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST


- CONFIDENTIAL -

**Company:** YELLOWSTONE LOGISTICS LLC (DOT 3473501) **Phone:** (662) 786-1540  
**Address:** 319 ROAD 1400 MOOREVILLE, MS 38857 **Fax:**

**Date:** 11/09/23

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.

  
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

  
Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

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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'Mci f Z]bX]b[ H Y  
Udd' J]WbhUg U dUghYa d'cnyf"K J" nci \_]bX' mifYd' m'hc H Jg]bei Jf mifYgdYV]b[ H Jg Udd' J]Wbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY  
UVcj YZU" JUV] J]mcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX Vm'h Y Udd' J]Wbt"  
**PLEASE BE ADVISED!** Mci 'a UmfYd' mby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

**Name of Applicant:** Alexis Chavez Becerra **SSN:** 187352317**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes ☐ No ☒ This person has never worked for me before  
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): Jack Clark

Company: YELLOWSTONE LOGISTICS LLC

Date: 11/10/2023



4

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** YELLOWSTONE LOGISTICS LLC (DOT 3473501) **Phone:** (662) 786-1540**Date:** 11/09/23**Address:** 319 ROAD 1400 MOOREVILLE, MS 38857 **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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)

Safety Department (Nov 10, 2023 10:46 EST)

Applicant's Signature

Company representative

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H.Y.dYfgcb'bUa YX\YfY]b\UgUdd'JYX'hc'H]g'Wda dUbmZcf'Ya d'cna Ybh]b'U'gUZ/magYbg]hij Y'dcg]h'cbZ'Mci f'Z]bX]b[ 'H.Y  
Udd'JWbhUg'U'dUghYa d'cnyf'"K J'"nci \_]bX'mfYd'mhc'H]g]bei J'mfYgdYV]b[ 'H]g'Udd'JWbh'5g'nci 'k J'"fYUX'k U]j Yf'ghYHX  
UVcj YZ'U'"JUV]J'mcZnci 'UbX'nci f'Wda dUbm\Ug'VYYb fY'YUgYX'Vnh\Y'Udd'JWbt"

**PLEASE BE ADVISED!** Mti 'a UmfYd'mby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Alexis Chavez Becerra SSN: 187352317

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: \_\_\_\_\_