

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## CONFIDENTIAL -

Company: HD AVILA TRANSPORT INC (USDOT 2935756) Phone: 813) 352-2415

NO

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

Date: 11/16/23

Address: 7010 EDENBROOK CT TAMPA, FL 33634 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. Yo el Avila (Nov 16, 2023 14:09 CST) 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. Yoel Avila SSN: 767327531 Job Applying For: OTR Driver Name of Applicant: Did the Applicant work for you as a driver: If No, please explain: Yes Start Date : 10/01/2016 End Date : 11/08/2023 If employed as a driver, please answer the following: X Company Driver Owner/Operator Other? Type of tractor operated: Semi truck Type of trailer pulled: 53' dry van \_\_\_ Commodities operated: \_\_\_ Other equipment operated: Accidents: Yes X No If yes, please give the date and brief description of each accident:\_\_\_\_\_ X No Traffic Violations: Yes If yes, please list all including the date and type of violation:\_\_\_\_\_ INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION X No Alcohol tests with a result of 0.04 or greater? Yes If yes, please give date: \_\_\_\_\_ Yes X No Verified positive controlled substances test results? If yes, please give date: \_\_\_\_\_ Refusals to be tested? Yes X No If yes, please give date: \_\_\_\_\_ Rehab completed under direction of SAP/MRO? Yes X No If yes, please give date: \_\_\_\_\_ Any problems with bonding? If yes, please explain:\_\_ No

Why did this employee leave your company?\_\_Not on bussines at this moment Would you re-employee this person? X Yes No If no, please explain:

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? NO

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Date:

Company: HD Avila Transport, Inc 12/11/2023



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Address: 7010 EDENBROOK CT TAMPA, FL 33634

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

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				mentioned person and/or company.	
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Yoel Avila (Nov 16, 2023 14:09 CST)	_		Safety Manage	(Nov 27, 2023 11:37 CST)	
Applicant's Signature			Company rep	Company representative	
applicant as a past em above, all liability of ye	ein has applied to this c	eply to this inqui as been released	ry respecting thi by the applicant.		
Name of Applicant:	Yoel Avila	Yoel Avila		Job Applying For: OTR Driver	
Did the Applicant work fo If No, please explain:	r you as a driver: Yes	No		_	
If employed as a driver, please answer the following: Start Date : End Date :   Company Driver Owner/Operator Other?					
Type of tractor operate	d:	Type of trailer p	oulled:		
Other equipment operate	d:	_ Commodities ope	erated:		
Accidents: Yes	No If yes, please give th	e date and brief de	scription of each	accident:	
Traffic Violations: Yes	s No If yes, pleas	e list all including tl	he date and type o	f violation:	
INQUIRY FOR ALCOHO	OL AND CONTROLLED SU	JBSTANCES INFO	RMATION		
Alcohol tests with a result of 0.04 or greater?			If yes, please give	e date:	
Verified positive controlled substances test results? Yes No If yes, please give date:					
Refusals to be tested?				e date:	
Rehab completed under direction of SAP/MRO? Yes No If yes, please give date:					
Any problems with bondir	ng? Yes No If y	es, please explain:			
Why did this employee le	ave your company?				
Would you re-employee t	his person? Yes N	lo If no, please	explain:		
Additional comments: ( A	ny problems with customer	relations, supervisi	ion, or abuse of eq	uipment?	
Company:	oviding the above informati	-			
Date:					

Royal3 Inc.