

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: CODYSUR TRUCKS INC (USDOT 1184128) Phone: (956) 276-9656

Date: 11/17/23

Address: 30351 E BUSINESS 77 SAN BENITO, TX 78586 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.

from any and all liable type as a result of providing the fo	ollowing information	to the below mentioned person and/or company.	
Rickey Gabriel Leyva (Nov 17, 2023 12:18 C5T)		Safety manager (Nov 27, 2023 16:06 CST)	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Applicant's Signature		Company representative	
Dear Personnel Manager The person named herein has applied to this compapplicant as a past employer. Will you kindly reply above, all liability of you and your company has be PLEASE BE ADVISED! You may reply by FAX +1 63	to this inquiry re en released by th	ent in a safety-sensitive position, Your finding the especting this applicant. As you will read waiver stated applicant. mail: safety@rtbrz.com.	
Name of Applicant: Rickey Gabriel Leyva	SSN: 60012545	4 Job Applying For: OTR Driver	
If No, please explain:	No		
If employed as a driver, please answer the following: \$\foxed{Company Driver Owner/Operator Other?}		04 2020 End Date: 03 / 18 / 202 (
Type of tractor operated: Tractor - Trailer T	Type of trailer pulled	: Dry Van	
Other equipment operated:Co	mmodities operated	l:	
Accidents: Yes No If yes, please give the dat	te and brief descript	ion of each accident:	
Traffic Violations: Yes No If yes, please list	all including the dat	te and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBST	ANCES INFORMAT	TION	
Alcohol tests with a result of 0.04 or greater?	es XNo If ye	s, please give date:	
Verified positive controlled substances test results?	es ⊠No Ifye	s, please give date:	
Refusals to be tested?	es ⊠No If ye	s, please give date:	
Rehab completed under direction of SAP/MRO?	es ⊠No Ifye	s, please give date:	
Any problems with bonding? Yes (No) If yes, pl	lease explain:	11	
Why did this employee leave your company? Perso	onal is	55.058	
	If no, please explair とい	n:	
Additional comments: (Any problems with customer relati		abuse of equipment?	
Name/Title (of person providing the above information): _ Company: Codysur Trucks Date: 17/04/2023	Safety	Clevk	



1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 11/17/23

Company: CODYSUR TRUCKS INC (USDOT 1184128) Phone: (956) 276-9656

Address: 30351 E BUSINESS 77 SAN BENITO, TX 78586 Fax:

from any and all liable type as a result of providing the following inform Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	nation to the below mentioned person and/or company.
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emplapplicant as a past employer. Will you kindly reply to this inquiabove, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Rickey Gabriel Leyva SSN: 60012	35454 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 : Company Driver Owner/Operator Other?	End Date :
Type of tractor operated: Type of trailer	pulled:
Other equipment operated: Commodities ope	erated:
Accidents: Yes No If yes, please give the date and brief de	escription of each accident:
Traffic Violations: Yes No If yes, please list all including t	the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	PRMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
	:
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, supervis	sion, or abuse of equipment?
Name/Title (of person providing the above information):	

Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

December 17, 2023

RE: Employee Verification Requests for Rickey Gabriel Leyva from John Christner Trucking Llc.

To whom it may concern:

As of November 17, 2023 I have made the following attempts to contact John Christner Trucking Llc in order to verify Rickey Gabriel Leyva's employment there.

The first attempt was made on December 2, 2023 when I sent a request at SHANNONCROWLEY@johnchristner.com which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from John Christner Trucking Llc was never received.

Sincerely,

Diana Baranda



Employment Verifications <ev@rtbrz.com>
To: SHANNONCROWLEY@johnchristner.com

Tue, Dec 12, 2023 at 1:52 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com

EV RickeyGabrielLeyva-4.pdf 178K



Employment Verifications <ev@rtbrz.com>
To: SHANNONCROWLEY@johnchristner.com

Tue, Dec 5, 2023 at 9:57 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com

EV RickeyGabrielLeyva-4.pdf



1 message

Employment Verifications <ev@rtbrz.com>
To: SHANNONCROWLEY@johnchristner.com

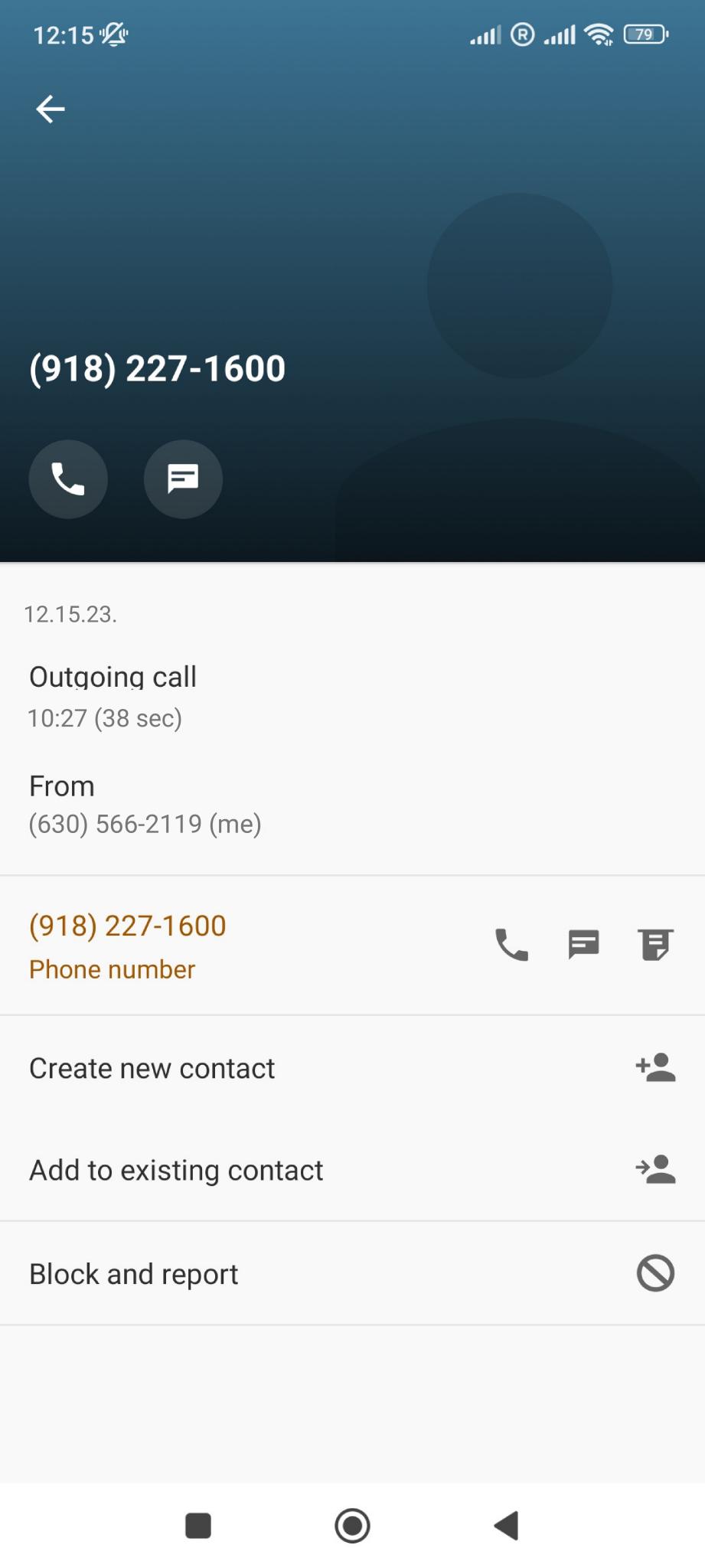
Sat, Dec 2, 2023 at 10:10 PM

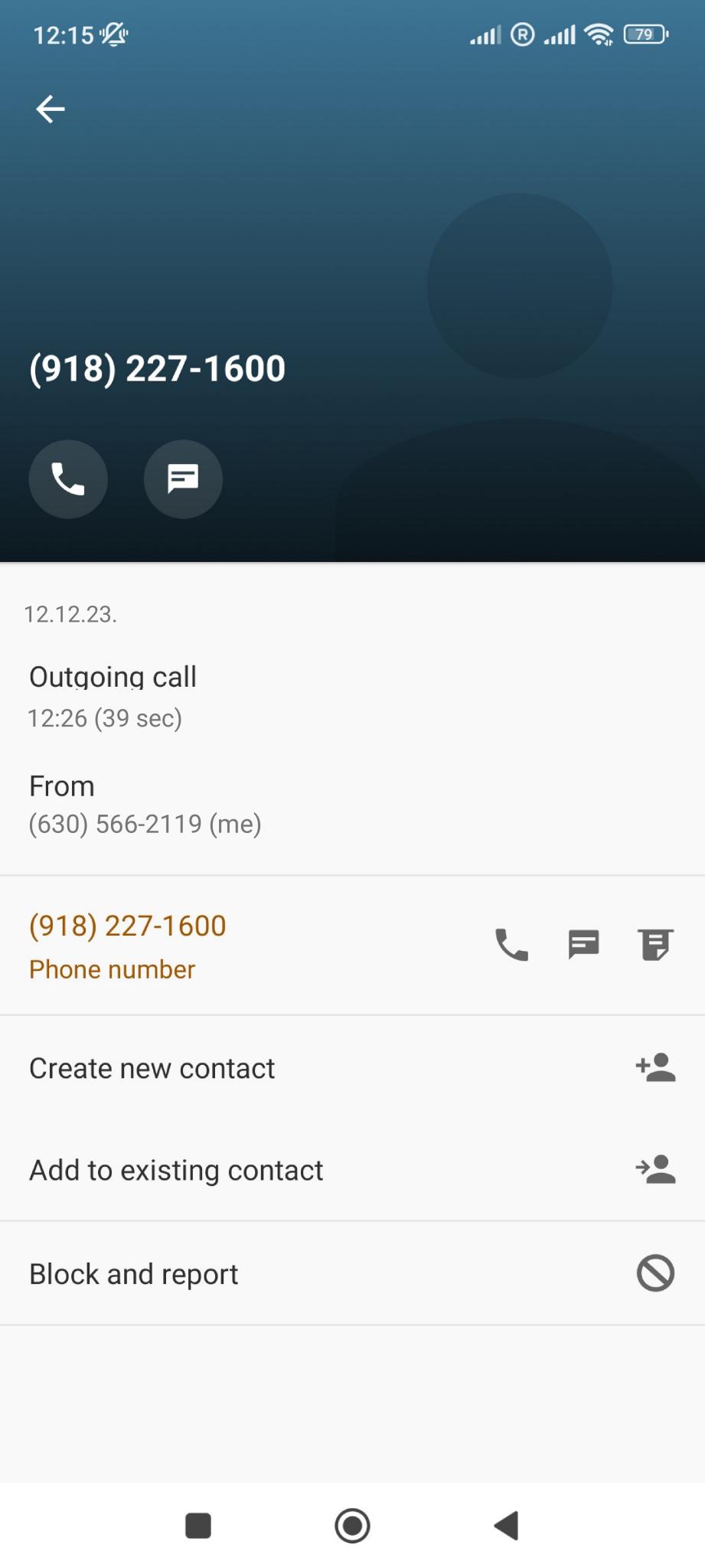
Hello,

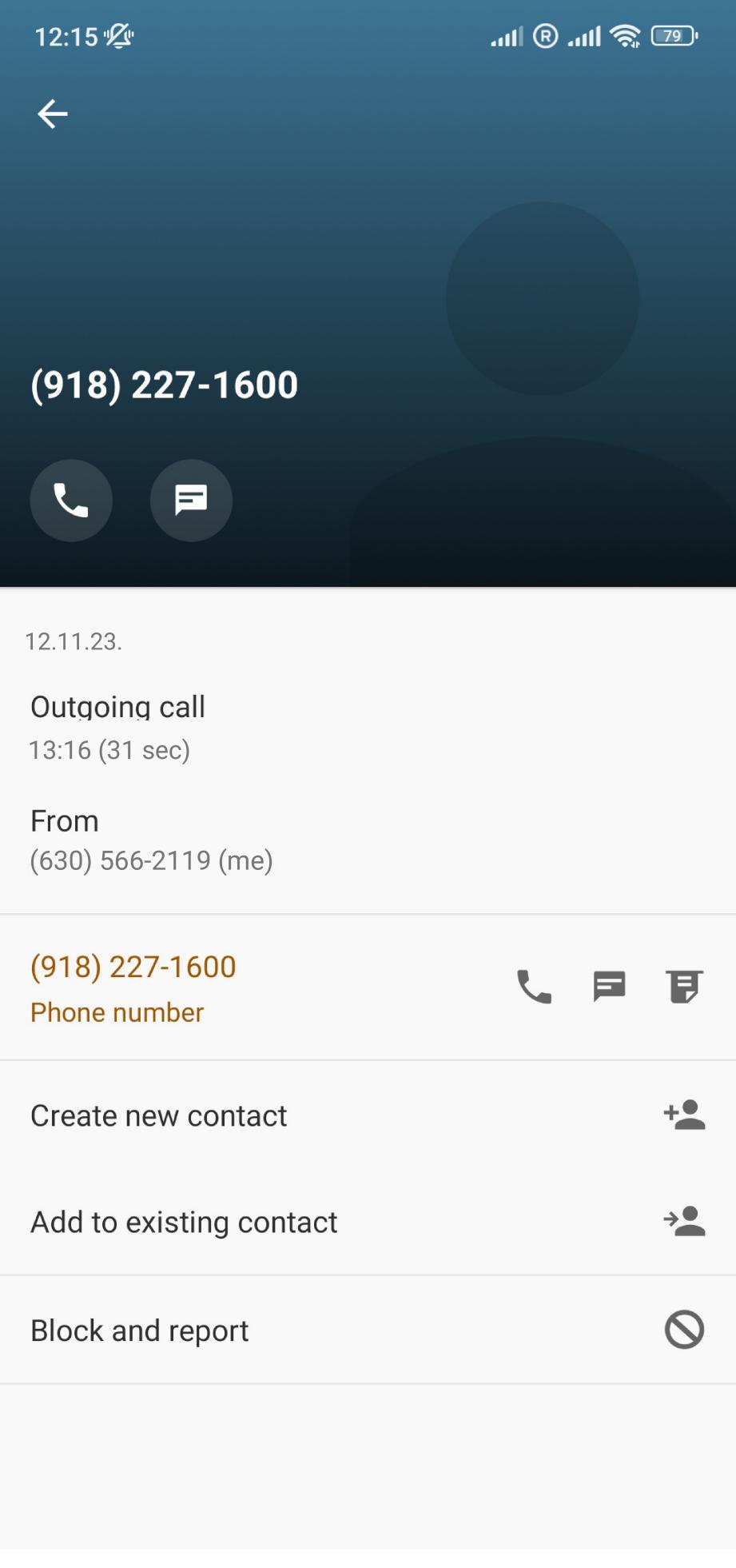
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119











SAFETY PERFORMANCE HISTORY 2 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 11/17/23

Company: JOHN CHRISTNER TRUCKING LLC (USDOT 273897) **Phone:** (918) 227-1600

Address: 19007 W HWY 33 SAPULPA, OK 74066

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(connection with my application for employment company, I hereby rel from any and all liable type as a result of providing the following information of the company of	lease this company, and its employees, officers, directors, and agents	
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	Safatu magar May 27, 2022 16-06 CST)	
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 inquabove, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	uiry respecting this applicant. As you will read waiver stated by the applicant.	
Name of Applicant: Rickey Gabriel Leyva SSN: 6001	25454 Job Applying For: OTR Driver	
Did the Applicant work for you as a driver: Yes No If No, please explain:		
	End Date :	
Type of tractor operated: Type of trailer pulled:		
Other equipment operated: Commodities o	perated:	
Accidents: Yes No If yes, please give the date and brief of	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 INF	ORMATION	
Alcohol tests with a result of 0.04 or greater?	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? Yes No If yes, please give date:		
Any problems with bonding? Yes No If yes, please explain	n:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: (Any problems with customer relations, superv	ision, or abuse of equipment?	
Name/Title (of person providing the above information):		



SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 11/17/23

Company: BLUEWAY SERVICES LLC (USDOT 3362947) Phone: (463) 209-7834 Fax:

Address: 600 W TROY AVE INDIANAPOLIS, IN 46225

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. Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST) v 27, 2023 16:06 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@rtbrz.com. Rickey Gabriel Leyva SSN: 600125454 Job Applying For: OTR Driver Name of Applicant: Did the Applicant work for you as a driver: Yes No If No, please explain: If employed as a driver, please answer the following: Other? ✓ Company Driver Owner/Operator Type of tractor operated: Tractor / trailer Type of trailer pulled: ____ Commodities operated: ___ Other equipment operated: Accidents: Yes V No If yes, please give the date and brief description of each accident: **V** No Traffic Violations: Yes If yes, please list all including the date and type of violation:____ INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION **✓** No Alcohol tests with a result of 0.04 or greater? Yes If yes, please give date: Verified positive controlled substances test results? Yes ✓No If yes, please give date: _____ **✓** No Refusals to be tested? Yes If yes, please give date: ____ √ No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: _____ Any problems with bonding? No If yes, please explain:_ Yes Why did this employee leave your company?_Resign Would you re-employee this person? Yes No If no, please explain: under review Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_ Name/Title (of person providing the above information): Azur Bravo

3

BRZ

Company: Charger Logistics

Date: 12/15/2023



SAFETY PERFORMANCE HISTORY 3 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 11/17/23

Company: BLUEWAY SERVICES LLC (USDOT 3362947) Phone: (463) 209-7834 Fax:

Address: 600 W TROY AVE INDIANAPOLIS, IN 46225

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 compar from any and all liable type as a result of providing the		
alex	_	Df
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST) Applicant's Signature		fety makager (Nov 27, 2023 16:06 CST) pany representative
Dear Personnel Manager	Com	party representative
The person named herein has applied to this com	ly to this inquiry respectors to this inquiry respector. The control is the control in the contr	ting this applicant. As you will read waiver stated plicant.
Name of Applicant: Rickey Gabriel Leyva	ssn: 600125454	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No	
If employed as a driver, please answer the following: Company Driver Owner/Operator Other?		End Date :
Type of tractor operated:	Type of trailer pulled:	
Other equipment operated: C	Commodities operated:	
Accidents: Yes No If yes, please give the d	late and brief description of	f each accident:
Traffic Violations: Yes No If yes, please li	st all including the date and	d type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	STANCES INFORMATION	I
Alcohol tests with a result of 0.04 or greater?	Yes No If yes, ple	ease give date:
Verified positive controlled substances test results?	Yes No If yes, ple	ease give date:
Refusals to be tested?	Yes No If yes, ple	ease give date:
Rehab completed under direction of SAP/MRO?	Yes No If yes, ple	ease 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 rel	lations, supervision, or abu	se of equipment?
Name/Title (of person providing the above information) Company:		



Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

27, 2023 16:06 CST)

- CONFIDENTIAL -

Company: PRIMELINK EXPRESS INC (USDOT 2092172) Phone: (559) 936-8982

Address: 4451 N BRAWLEY AVE FRESNO, CA 93722 Fax:

Date: 11/17/23

Applicant's Signature	Company	representative	
Dear Personnel Manager The person named herein has applied to this con applicant as a past employer. Will you kindly rep above, all liability of you and your company has i PLEASE BE ADVISED! You may reply by FAX +16	ly to this inquiry respecting been released by the applica-	this applicant. As you will read waiv nt.	
Name of Applicant: Rickey Gabriel Leyva	ssn: 600125454	Job Applying For: OTR Drive	er
Did the Applicant work for you as a driver: Yes If No, please explain:	No		
If employed as a driver, please answer the following: Company Driver Owner/Operator Other		End Date : May 2022	_
Type of tractor operated: Semi	Type of trailer pulled:Ree	fer	
Other equipment operated:	Commodities operated: Pro	duce	
Accidents: Yes No If yes, please give the			
INQUIRY FOR ALCOHOL AND CONTROLLED SUB	STANCES INFORMATION	give date:	
Verified positive controlled substances test results?	Yes No If yes, please of	give date:	
Refusals to be tested?	Yes No If yes, please of	give date:	
Rehab completed under direction of SAP/MRO?	Yes No If yes, please of	give date:	
Any problems with bonding? Yes No If yes	s, please explain:		
Why did this employee leave your company? wants Would you re-employee this person? Yes No	ed Some days of	f so he told dispatch pon Review	u to move with
Additional comments: (Any problems with customer re			
Name/Title (of person providing the above information Company: PRIMEUNK EXPRESS // Date: 12-6-2023		/ HR	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 11/17/23

Company: PRIMELINK EXPRESS INC (USDOT 2092172) **Phone:** (559) 936-8982

Address: 4451 N BRAWLEY AVE FRESNO, CA 93722 Fax:

from any and all liable type as a result of providing the following Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	by release this company, and its employees, officers, directors, and agents information to the below mentioned person and/or company. Safety marrager (Nov 27, 2023 16:06 CST)
Applicant's Signature	Company representative
Name of Applicant: Rickey Gabriel Leyva SSN: 6	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 Da	
Company Driver Owner/Operator Other?	
Type of tractor operated: Type of	trailer pulled:
Other equipment operated: Commodit	ties operated:
Accidents: Yes No If yes, please give the date and b	prief description of each accident:
Traffic Violations: Yes No If yes, please list all inclu	uding 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? Yes	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 e	explain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, p	please explain:
Additional comments: (Any problems with customer relations, su	upervision, or abuse of equipment?
Name/Title (of person providing the above information):	

Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

December 17, 2023

RE: Employee Verification Requests for Rickey Gabriel Leyva from Mahal Bros Transport Inc.

To whom it may concern:

As of November 17, 2023 I have made the following attempts to contact Mahal Bros Transport Inc in order to verify Rickey Gabriel Leyva's employment there.

The first attempt was made on December 2, 2023 when I sent a request at lnfo@mahalbros.com which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from Mahal Bros Transport Inc was never received.

Sincerely,

Diana Baranda



Employment Verifications <ev@rtbrz.com>

To: Info@mahalbros.com

Tue, Dec 12, 2023 at 1:53 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119





Employment Verifications <ev@rtbrz.com>

To: Info@mahalbros.com

Tue, Dec 5, 2023 at 9:56 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119





Employment Verifications <ev@rtbrz.com>

Sat, Dec 2, 2023 at 10:25 PM

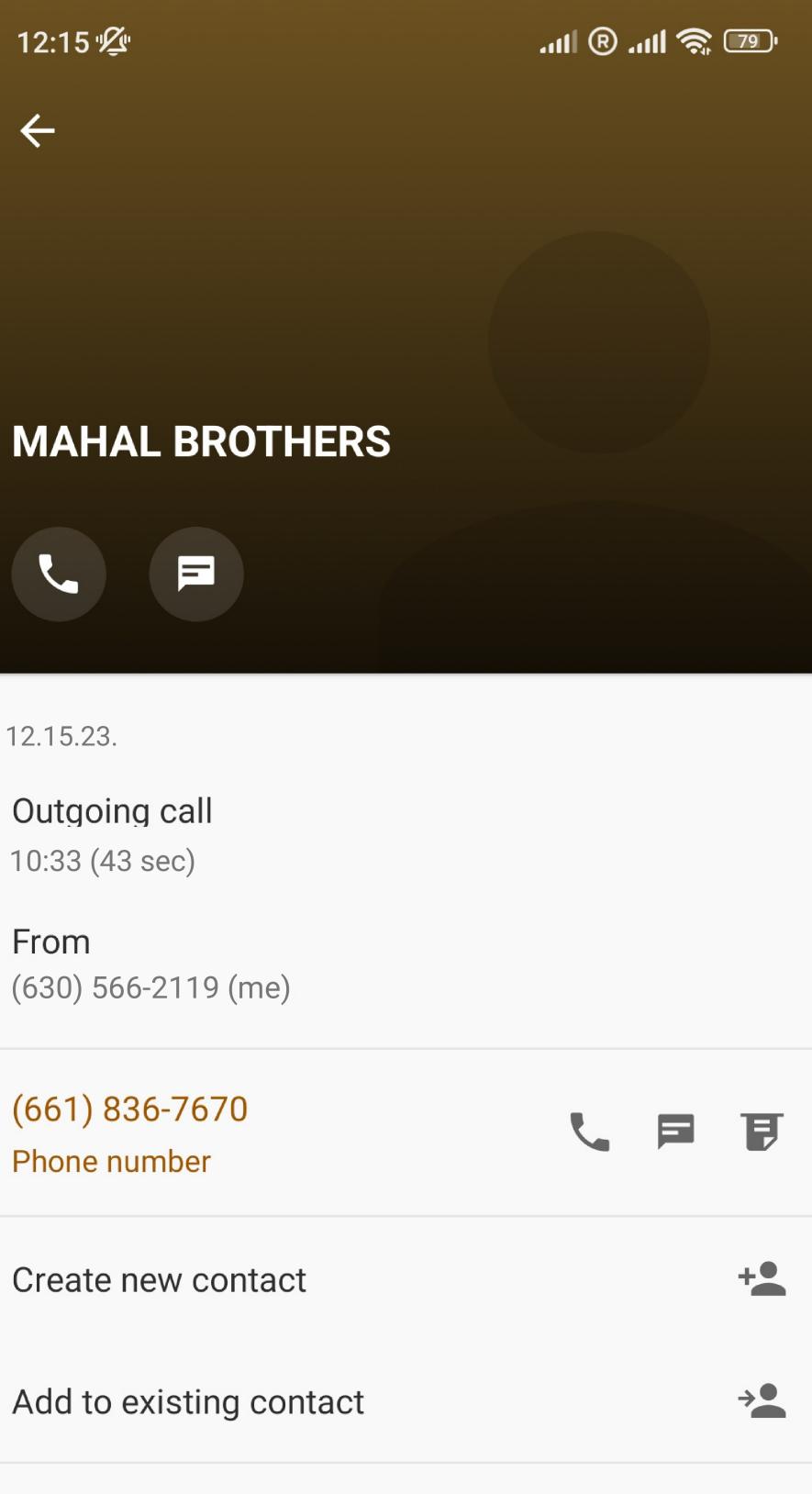
To: Info@mahalbros.com

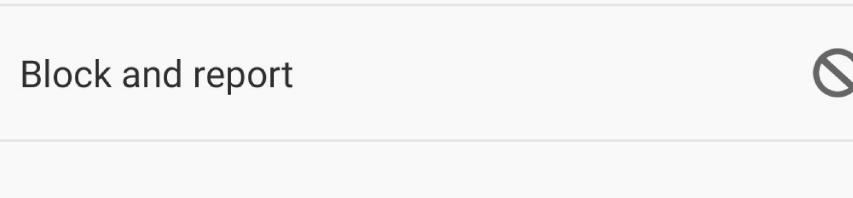
Hello,

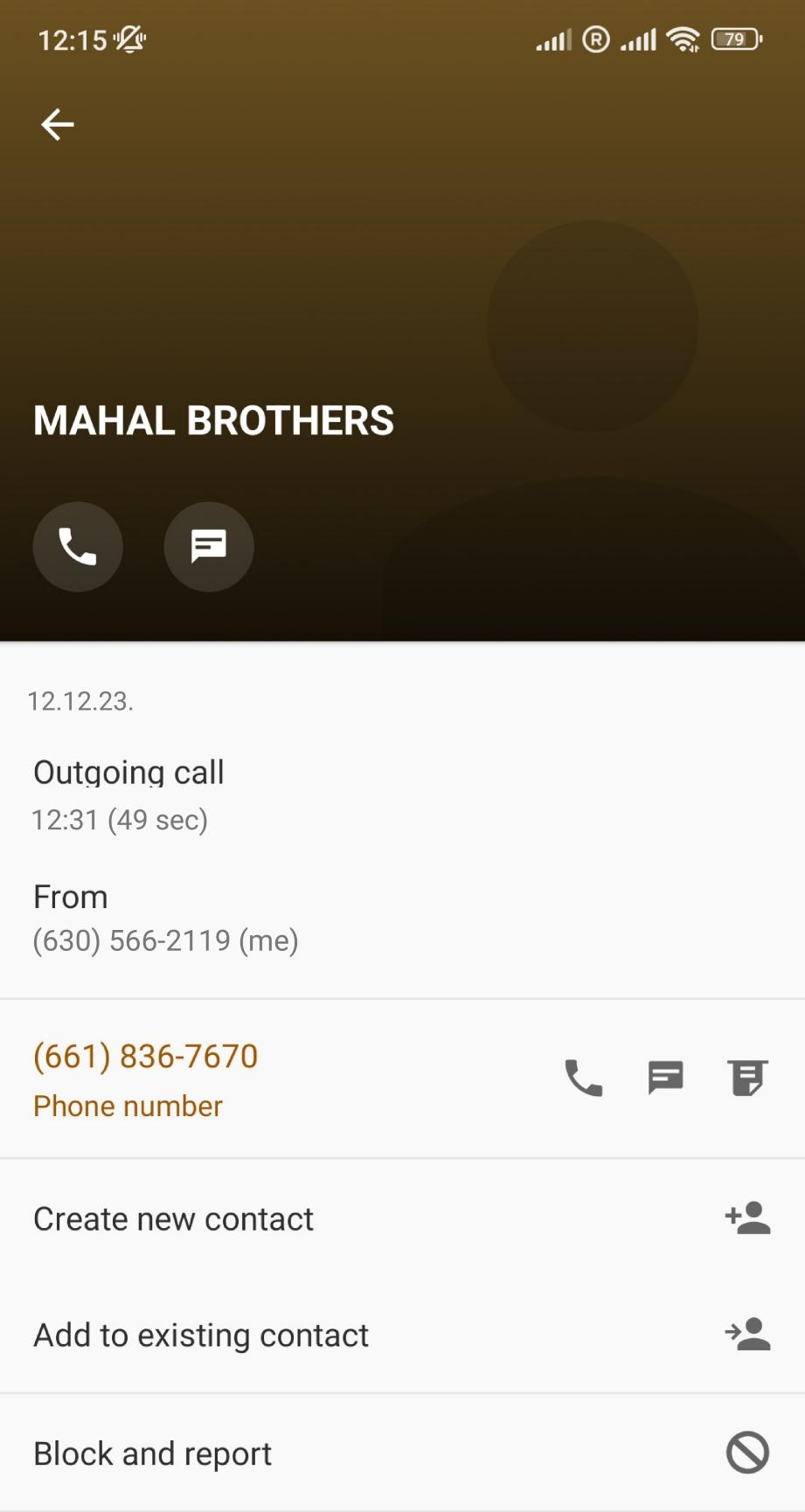
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

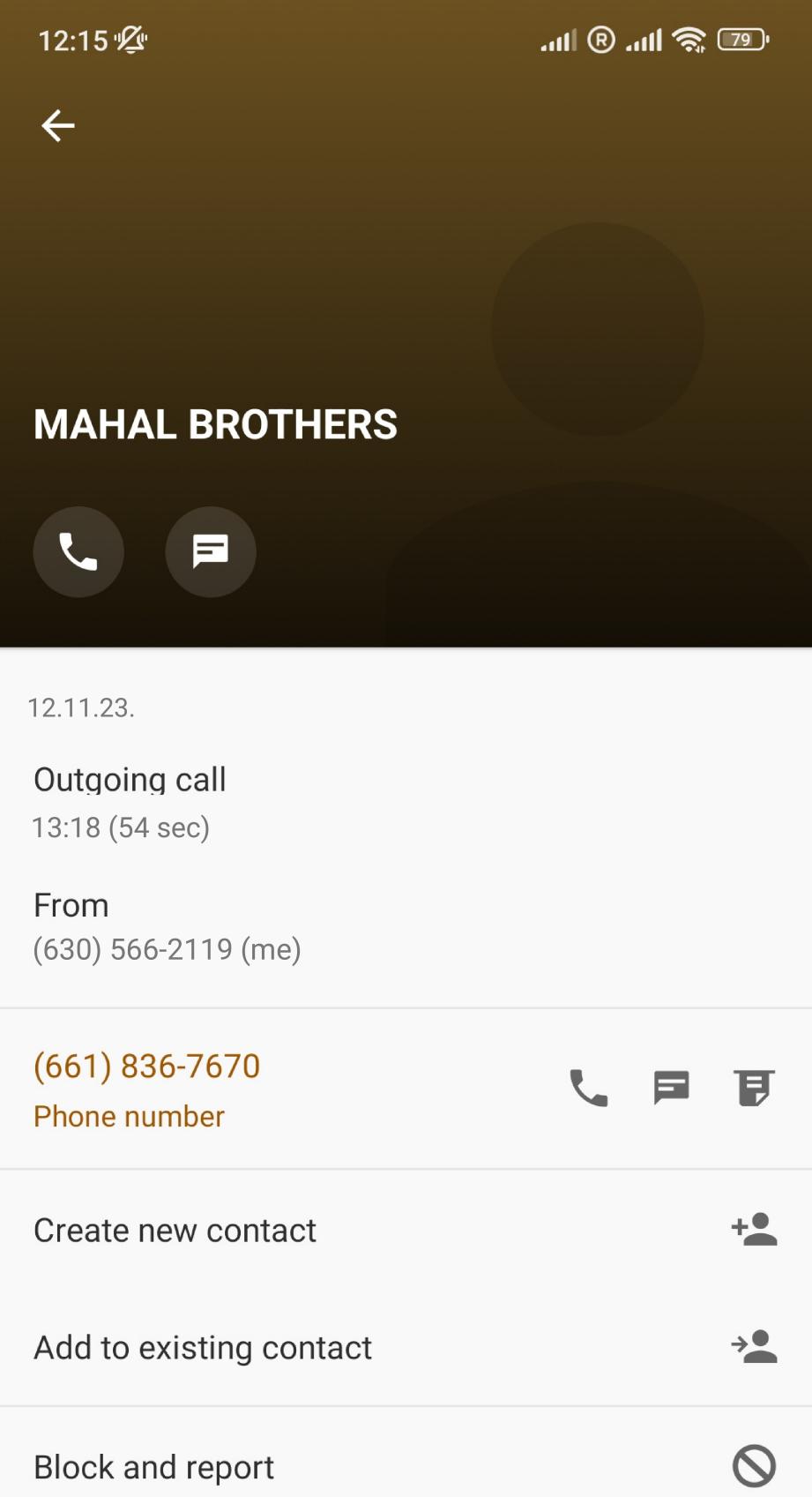
Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119













SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 11/17/23

Company: MAHAL BROS TRANSPORT INC (USDOT 1292503) **Phone:** (661) 836-7670

Address: 5104 COOL RUSH TER BAKERSFIELD, CA 93313 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 compan	ny(their authorized agents) which may request such information in release this company, and its employees, officers, directors, and agents
from any and all liable type as a result of providing the following inf	
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	Safety marager (Nov 27, 2023 16:06 CST)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for e applicant as a past employer. Will you kindly reply to this ir above, all liability of you and your company has been releas PLEASE BE ADVISED! You may reply by FAX +1 630 485 69	nquiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Rickey Gabriel Leyva SSN: 600	0125454 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 Company Driver Owner/Operator Other?	: End Date :
Type of tractor operated: Type of tra	iler pulled:
Other equipment operated: Commodities	operated:
Accidents: Yes No If yes, please give the date and brief	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includi	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IF	NFORMATION
Alcohol tests with a result of 0.04 or greater?	o If yes, please give date:
Verified positive controlled substances test results?	o If yes, please give date:
Refusals to be tested?	o If yes, please give date:
Rehab completed under direction of SAP/MRO?	o If yes, please give date:
Any problems with bonding? Yes No If yes, please expl	lain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, plea	ase explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company	



From To

Sofija Mitic

Phone

(630) 485-7370 * 402

Phone

Fax

16305662119

Fax

(218) 238-6411

DATE 12/05/2023

Pages including cover sheet:

2

NOTE

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience. Thank you!

- CONFIDENTIAL -

Company: R & R TRANSPORTATION INC (USDOT 305573) Phone: (800) 683-0519

Address: 2095 SOUTH 2ND STREET LAKE PARK, MN 56554 Fax:

Date: 11/17/23

Rickey Gatrief Levya (Nov 17, 2023 12:38 CST)		Sefery markager froy 27, 2023 16:06 CST1
Applicant's Signature		Company representative
Dear Personnel Manager The person named herein has applied to th applicant as a past employer. Will you kind bove, all liability of you and your company PLEASE BE ADVISED! You may reply by FAI	ly reply to this inquiry re has been released by th	ent in a safety-sensitive position, Your finding the specting this applicant. As you will read waiver stated e applicant. nail: safety@rtbrz.com.
Name of Applicant: Rickey Gabriel Ley	/va <i>ssn:</i> 600125454	Job Applying For: OTR Driver
Did the Applicant work for you as a driver:	§ No	
if employed as a driver, please answer the follow	ing: Start Date: 11/2	End Date: 07/0-3
Company Driver Owner/Operator	Other?	
Type of tractor operated: 5em:	Type of trailer pulled	Reefer
other equipment operated:		
raffic Violations: Yes X No If yes, please give		
NQUIRY FOR ALCOHOL AND CONTROLLED	SUBSTANCES INFORMAT	rion
dcohol tests with a result of 0.04 or greater?	☐Yes XNo If ye	s, please give date:
erified positive controlled substances test results	s? □Yes XNo If ye	s, please give date:
efusals to be tested?	☐Yes X No If yes	s, please give date:
ehab completed under direction of SAP/MRO?	☐Yes X No If ye	s, please give date:
ny problems with bonding? Yes No	If yes, please explain:	
hy did this employee leave your company? Su	ut	
ould you re-employee this person? Yes	No If no, please explain	12 Upon review
dditional comments: (Any problems with custon	ner relations, supervision, or	abuse of equipment?
lame/Title (of person providing the above inform company: R+R Transfortation pate: 12/07/7-3	ation): Hunter / Recr	u.!tinj



SAFETY PERFORMANCE HISTORY 6 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 11/17/23

Company: R & R TRANSPORTATION INC (USDOT 305573) Phone: (800) 683-0519 Address: 2095 SOUTH 2ND STREET LAKE PARK, MN 56554 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 completion under direction of SAP/MRO) to each and every comp connection with my application for employment company, I hereber from any and all liable type as a result of providing the following	Df	
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	Safety manager (Nov 27, 2023 16:06 CST)	
Name of Applicant: Rickey Gabriel Leyva SSN: 60	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 Company Driver Owner/Operator Other?	te : End Date :	
Type of tractor operated: Type of t	railer pulled:	
Other equipment operated: Commodit	ies operated:	
Accidents: Yes No If yes, please give the date and b	rief description of each accident:	
Traffic Violations: Yes No If yes, please list all inclu	ding 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? 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 ex		
Why did this employee leave your company?	please explain:	
Additional comments: (Any problems with customer relations, su	pervision, or abuse of equipment?	
Name/Title (of person providing the above information):		

Company: ___

Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

December 17, 2023

RE: Employee Verification Requests for Rickey Gabriel Leyva from Coldliner Express.

To whom it may concern:

As of November 17, 2023 I have made the following attempts to contact Coldliner Express in order to verify Rickey Gabriel Leyva's employment there.

The first attempt was made on December 2, 2023 when I sent a request at MARCI.HINTON@coldlinerexpess.com which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from Coldliner Express was never received.

Sincerely,

Diana Baranda



Employment Verifications <ev@rtbrz.com> To: MARCI.HINTON@coldlinerexpess.com Tue, Dec 12, 2023 at 1:50 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119





Employment Verifications <ev@rtbrz.com> To: MARCI.HINTON@coldlinerexpess.com

Tue, Dec 5, 2023 at 10:03 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Kind regards, Sofia **HR Department** Riki Transportation Inc dba BRZ MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119 Email: ev@rtbrz.com





1 message

Employment Verifications <ev@rtbrz.com> To: MARCI.HINTON@coldlinerexpess.com

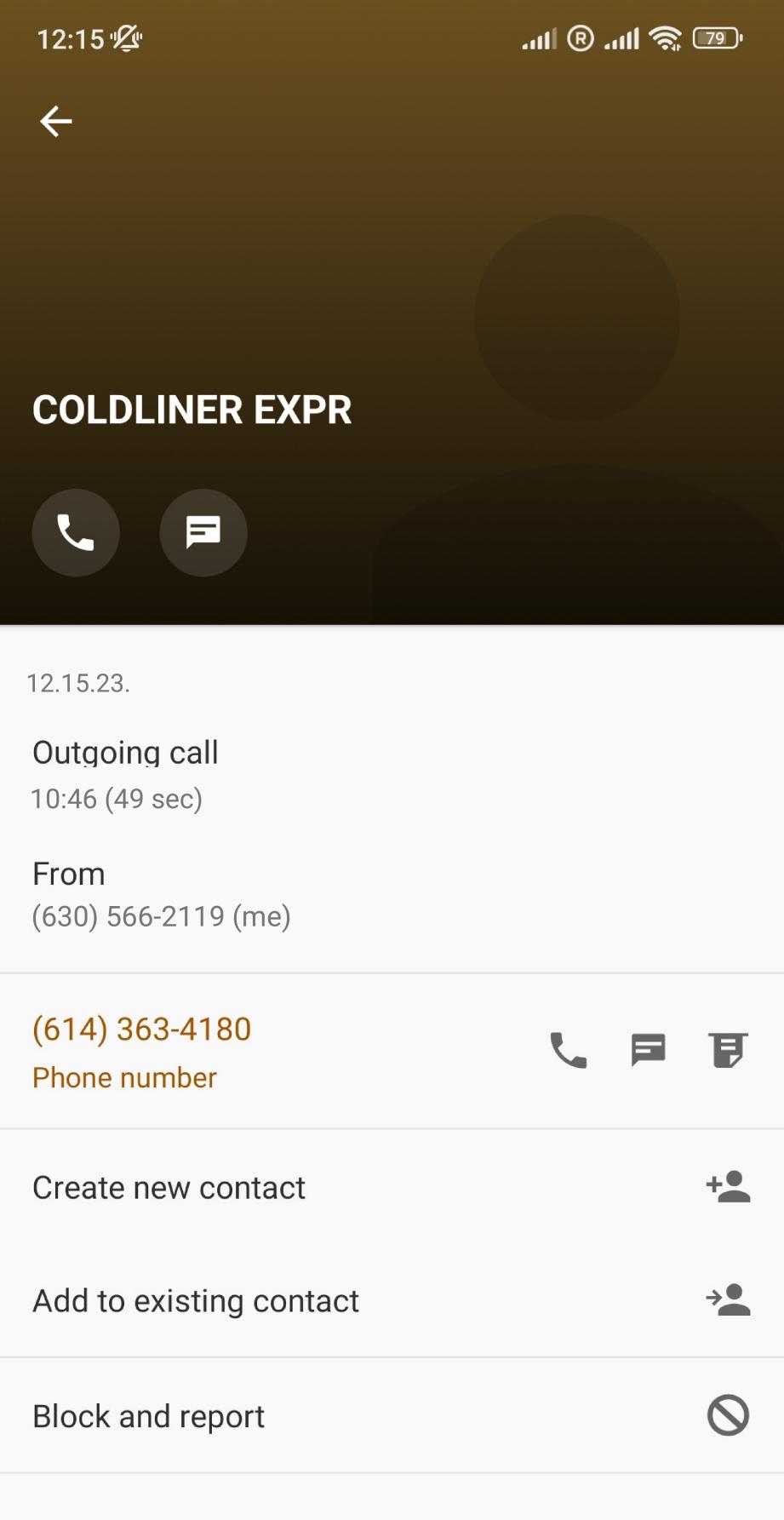
Sat, Dec 2, 2023 at 10:29 PM

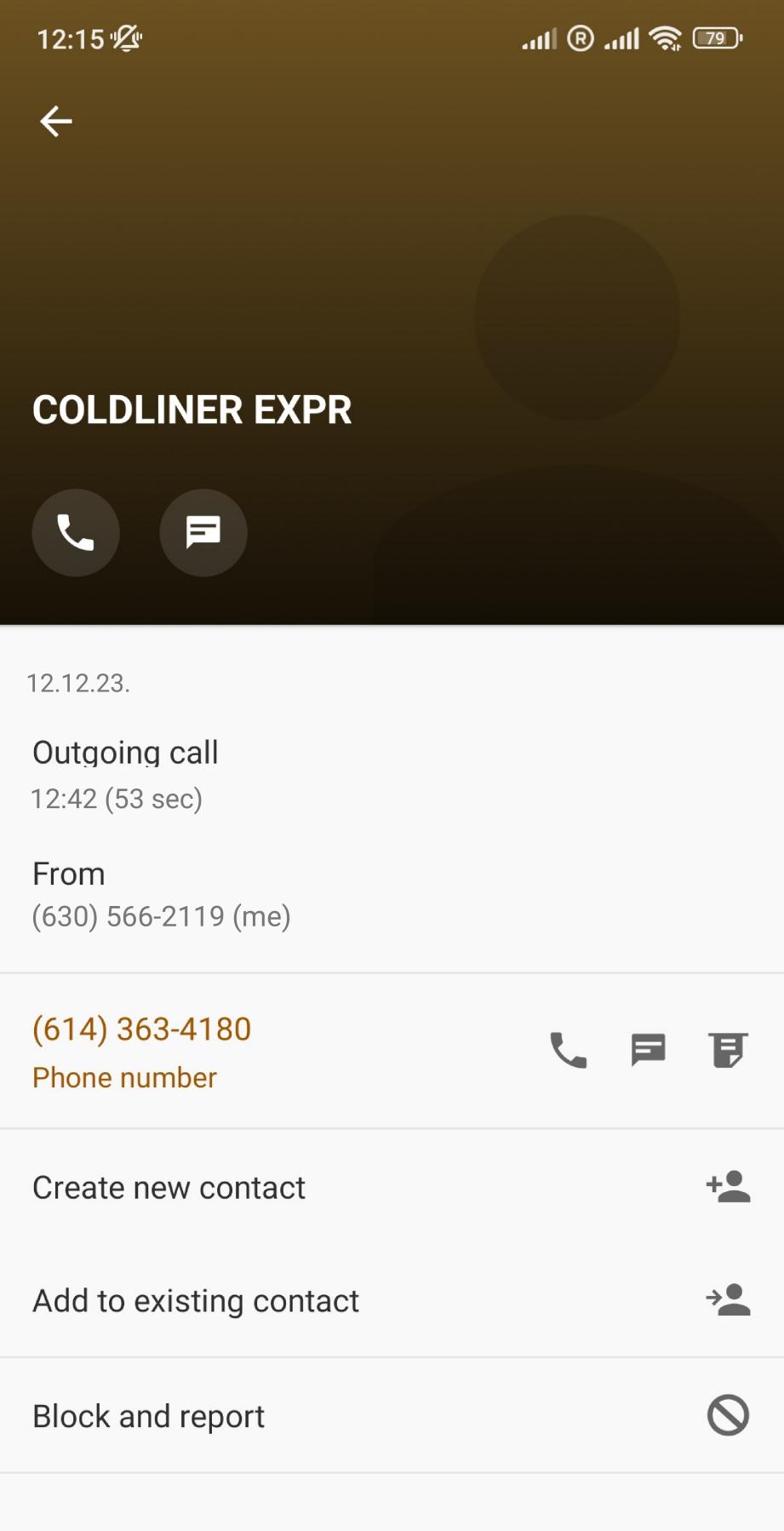
Hello,

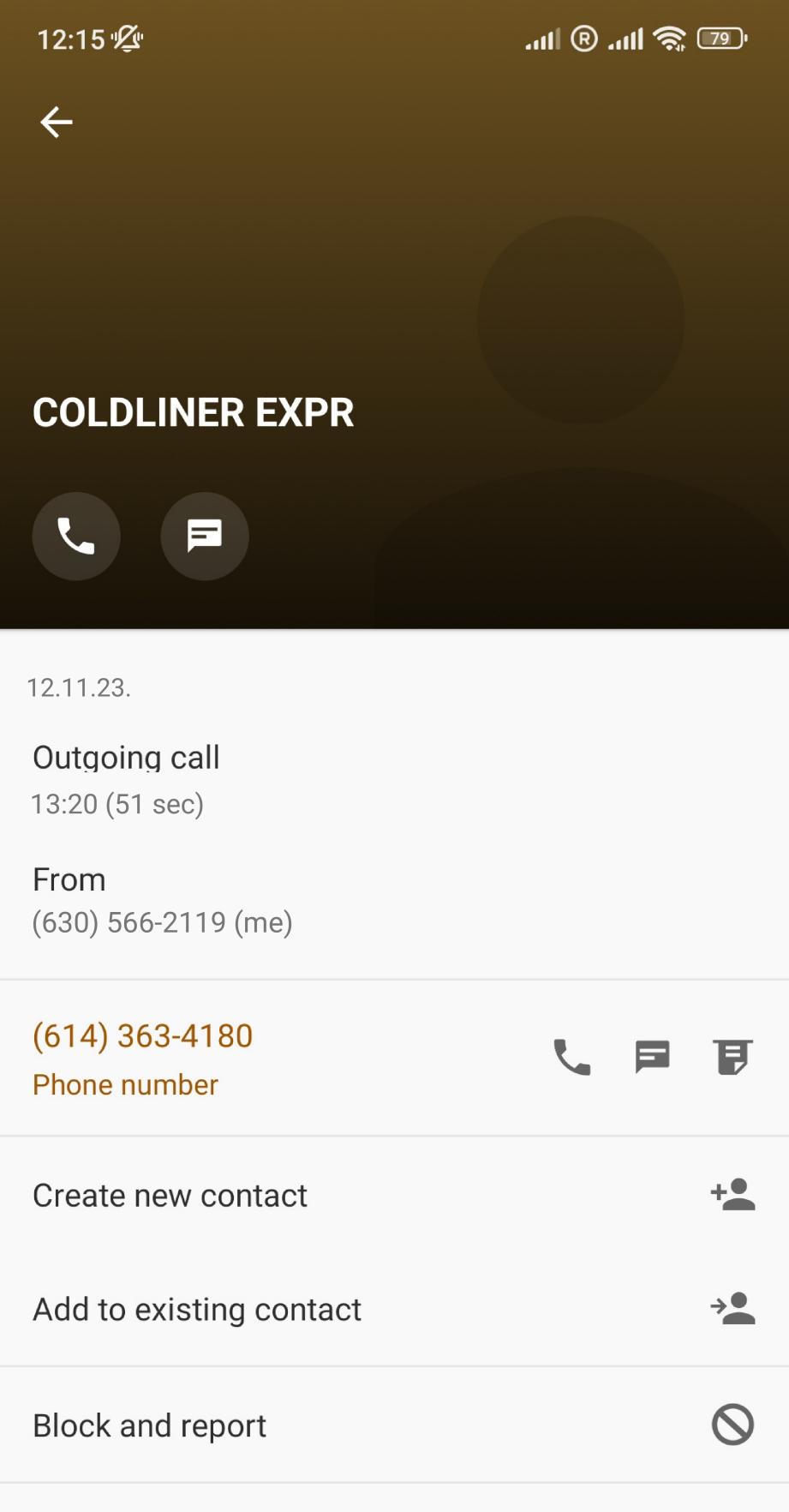
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119











7 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 11/17/23

Company: COLDLINER EXPRESS (USDOT 1394366) Phone: (614) 363-4180

Address: 4921 VULCAN AVE COLUMBUS, OH 43228 Fax:

connection with my application for employment company, I h from any and all liable type as a result of providing the follow	nereby release this company, ar	nd its employees, officers, directors, and agents	
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)	Safaty made	D4	
	Company rope	ocontativo	
Applicant's Signature Dear Personnel Manager	Company repr	esentative	
The person named herein has applied to this company applicant as a past employer. Will you kindly reply to above, all liability of you and your company has been <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 4	this inquiry respecting this released by the applicant.	applicant. As you will read waiver stated	
Name of Applicant: Rickey Gabriel Leyva SSI	v: 600125454	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: Star	t Date :	End Date :	
Company Driver Owner/Operator Other?			
Type of tractor operated: Type	e of trailer pulled:		
Other equipment operated: Comm	nodities operated:		
Accidents: Yes No If yes, please give the date a	nd brief description of each ac	cident:	
Traffic Violations: Yes No If yes, please list all	including the date and type of	violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	CES INFORMATION		
Alcohol tests with a result of 0.04 or greater?	No If yes, please give	date:	
Verified positive controlled substances test results? Yes	No If yes, please give	date:	
Refusals to be tested?	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, plea	se 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 relation	s, supervision, or abuse of equ	ipment?	
Name/Title (of person providing the above information): Company:			