Print

#### Request / Response Report

Response Tracking ID: RICA01 Request #: 44782669

**Crete Carrier Corporation** 

Provided By: Thomas Wilson

Title: (N/A)

Address: 400 Northwest 56th St
City / State / Zip: Lincoln, NE 68528
Email: tenstreetsafetyverificati

ons@cretecarrier.com

Phone: **800-998-4095** Fax: **402-479-2072** 

Items Requested: EMP

Questions about this report?

#### **Requested Subject Information**

**Anthony Lamar Richard** 

SSN: **xxx-xx-8340** DOB: **04-08-1988** 

Denotes a value not equal to the Provided value

Date Range Requested: 02-2023 to 05-2023

### **Provided Subject Information**

Denotes a value not equal to original Requested value

Date Range Provided: **02-2023** to **05-2023** 

**Anthony LA Richard** SSN: **xxx-xx-8340** DOB: **04-08-1988** 

## **Original Request Information**

## Provided Information | Position Held

Position Held	
Reason For Leaving	
Driver Class	
Driver Type	
Was the driver Terminated?	
Was the driver subject to FMCSRs while employed?	
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug an Alcohol testing per 49 CFR Part 40?	d
Areas Driven	
Equipment Driven	
Trailer Driven	
Loads Hauled	

Position Held	Driver
Reason For Leaving	Resigned
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	Full Time
Areas Driven	OTR
Equipment Driven	Conventional Tractor
Trailer Driven	Van
Loads Hauled	General Commodities
Miles per week	
Number of States Driven	
Trailer Length	53'

**Activity Log** 

12-14-2023 04:07 PM - Thomas Wilson (Crete Carrier Corporation)

Request was set "Submitted", authorized, and automatically fulfilled.

12-12-2023 06:13 AM - Zigi Stamenkovic

Request sent under order #19134120 via Network method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email: <a href="mailto:drivers@tenstreet.com">drivers@tenstreet.com</a>



# 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## - CONFIDENTIAL -

Date: 12/01/23

Company: CRETE CARRIER CORPORATION (USDOT 73705) Phone: (402) 475-9521

Address: 400 NW 56TH STREET LINCOLN, NE 68528 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 following informa  Anthony Lamar Richard (Dec 1, 2023 13:57 CST)	tion to the below mentioned person and/or company.  Safety marrager (dec 4, 2023 15:49 CST)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emplo applicant as a past employer. Will you kindly reply to this inquir above, all liability of you and your company has been released b <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or	y respecting this applicant. As you will read waiver stated y the applicant.
Name of Applicant: Anthony Lamar Richard SSN: 434718	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 po	ulled:
Other equipment operated: Commodities oper	rated:
Accidents: Yes No If yes, please give the date and brief des	cription of each accident:
Traffic Violations: Yes No If yes, please list all including the	e date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFOR	RMATION
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:
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 ex	xplain:
Additional comments: ( Any problems with customer relations, supervision	on, or abuse of equipment?
Name/Title (of person providing the above information):	

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

### December 30, 2023

RE: Employee Verification Requests for Anthony Lamar Richard from Unfi.

To whom it may concern:

As of December 1, 2023 I have made the following attempts to contact Unfi in order to verify Anthony Lamar Richard's employment there.

The first attempt was made on December 12, 2023 when I sent a request at <a href="mailto:BBUTLER@unfi.com">BBUTLER@unfi.com</a> which was recommended by safety person when I reached out through phone to their office.

On December 19, 2023 I re-sent request completing the second attempt and on December 27, 2023 I have made a third and final attempt. A formal response from Unfi was never received.

Sincerely,

Diana Baranda

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## **Employment Verification for Anthony Lamar Richard**

**Employment Verifications** <ev@rtbrz.com> To: BBUTLER@unfi.com

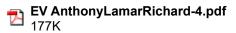
Wed, Dec 27, 2023 at 10:15 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Anthony Lamar Richard'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





## **Employment Verification for Anthony Lamar Richard**

**Employment Verifications** <ev@rtbrz.com> To: BBUTLER@unfi.com

Tue, Dec 19, 2023 at 1:03 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Anthony Lamar Richard'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

EV AnthonyLamarRichard-4.pdf



## **Employment Verification for Anthony Lamar Richard**

1 message

**Employment Verifications** <ev@rtbrz.com> To: BBUTLER@unfi.com

Tue, Dec 12, 2023 at 1:08 PM

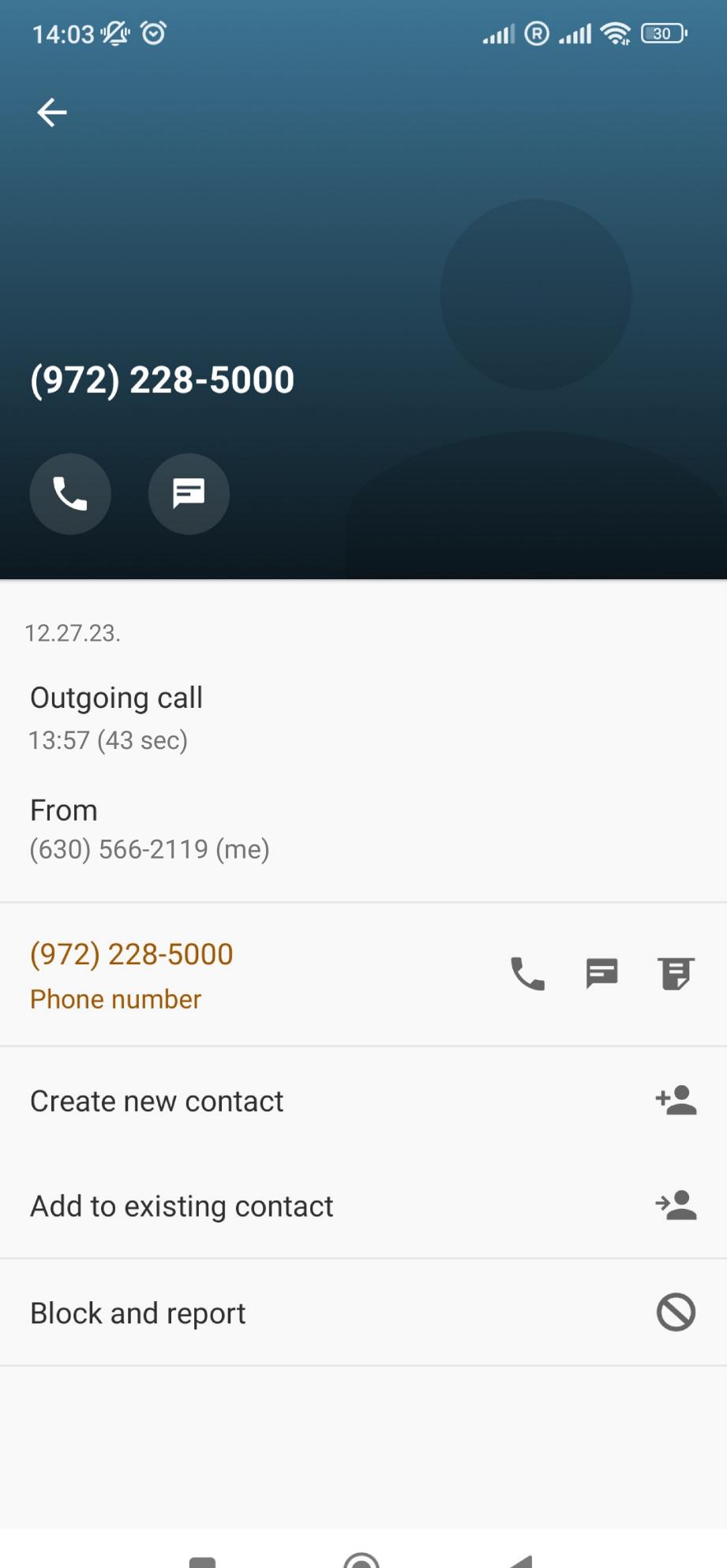
Hello,

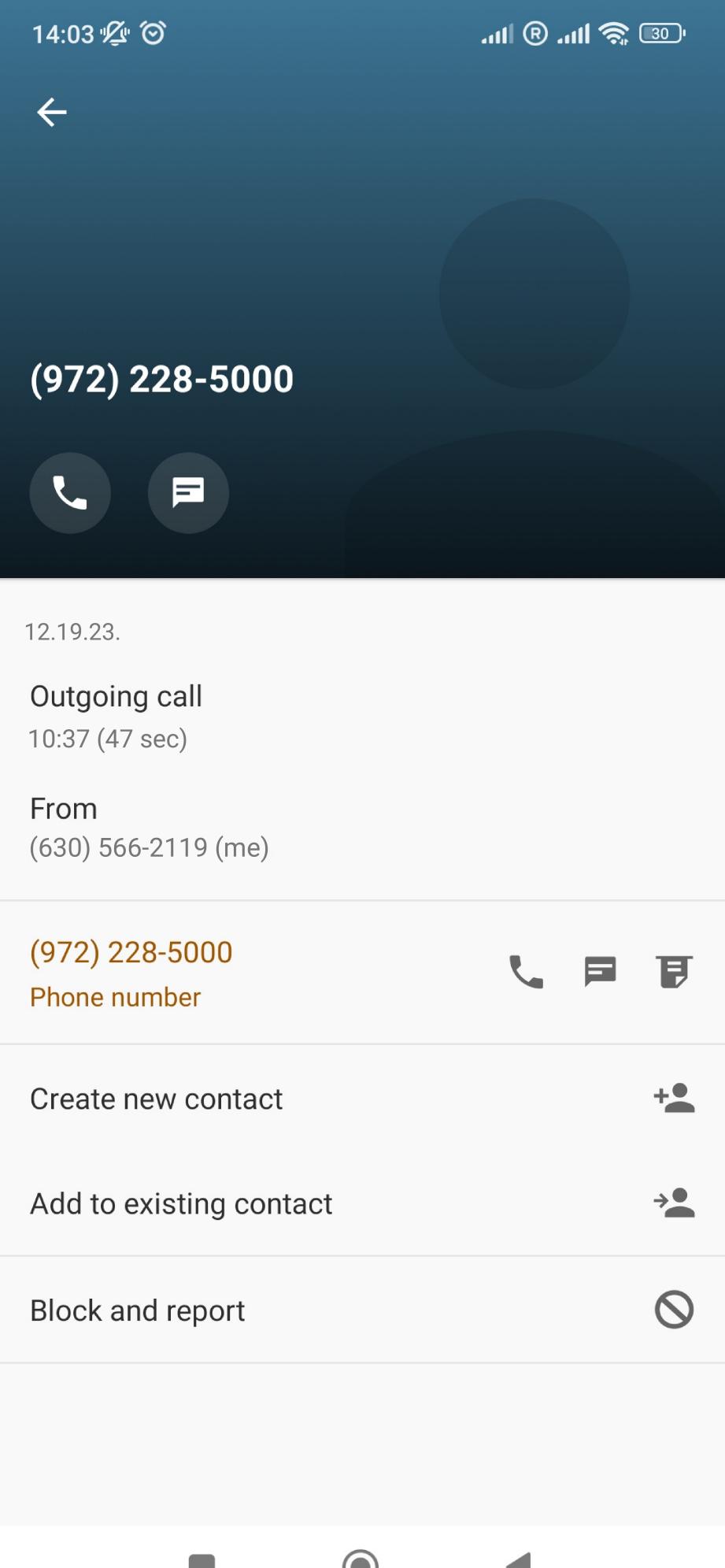
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Anthony Lamar Richard's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

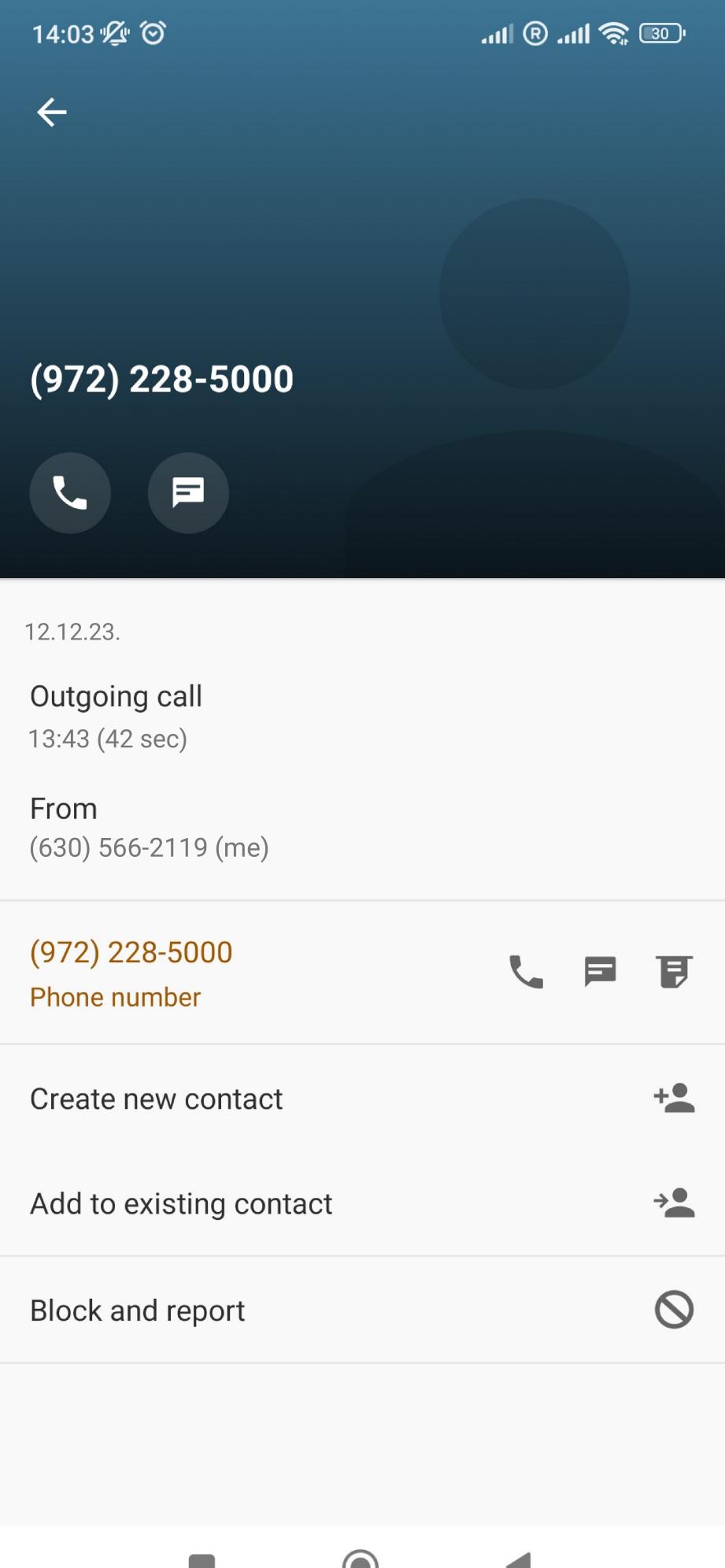
Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com

EV AnthonyLamarRichard-4.pdf









## 2 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

**Company:** UNFI **Phone:** (972)2285000 **Date:** 12/01/23

Address: 2100 DANIELDALE RD, LANCASTER, TX 75134 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.

Anthony Lamar Richard (Dec 1, 2023 13:57 CST)	Safety marrager (Vec	4, 2023 15:49 CST)
Applicant's Signature	Company repres	· · · · · · · · · · · · · · · · · · ·
Dear Personnel Manager 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 PLEASE BE ADVISED! You may reply by FAX +1 630 4	this inquiry respecting this a released by the applicant.	pplicant. As you will read waiver stat
lame of Applicant: Anthony Lamar Richard SSI	<i>1:</i> 434718340	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No		
f employed as a driver, please answer the following: Star  Company Driver Owner/Operator Other?		
Type of tractor operated: Type	of trailer pulled:	
ther equipment operated: Comm	odities operated:	
ccidents:  Yes  No If yes, please give the date a	nd brief description of each acci	dent:
raffic Violations: Yes No If yes, please list all	ncluding the date and type of vi	plation:
NQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	CES INFORMATION	
Icohol tests with a result of 0.04 or greater?	No If yes, please give da	ate:
erified positive controlled substances test results?	No If yes, please give da	ite:
efusals to be tested?	No If yes, please give da	ite:
ehab completed under direction of SAP/MRO?	No If yes, please give da	ite:
	se explain:	
Why did this employee leave your company?		
Vould you re-employee this person? Yes No If r	o, please explain:	
additional comments: ( Any problems with customer relations		
Name/Title (of person providing the above information):		
Company:		

#### Corrected Record

You are viewing a Corrected Record that was edited 12-12-2023.

Print

**Set This Request Complete** 

Request #: 44803287

#### Request / Response Report

**Ruan Transportation** 

Provided By: Kiah Allen

Title: Recruiting Specialist

Address: 666 Grand Ave

City / State / Zip: Des Moines, IA 50309

Email:

Phone: **515-245-2713** Fax: **515-875-5001** 

Items Requested: EMP

## Questions about this report?

#### **Requested Subject Information**

Denotes a value not equal to the Provided value

**Anthony Lamar Richard** 

SSN: xxx-xx-8340 DOB: 04-08-1988 Date Range Requested: 05-2019 to 12-2022

**Provided Subject Information** 

Denotes a value not equal to original Requested value

**Anthony LA Richard** 

SSN: **xxx-xx-8340** DOB: **04-08-1988**  Date Range Provided: 09-2019 to 08-2023

#### **Original Request Information**

	Held

Reason For Leaving

**Driver Class** 

-----

Driver Type

Was the driver Terminated?

Was the driver subject to FMCSRs

while employed?

Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part

40?

Areas Driven

**Equipment Driven** 

**Trailer Driven** 

Loads Hauled

### **Provided Information**

Response Tracking ID: (None)

Position Held	Driver
Reason For Leaving	Resigned
Driver Class	Company

Driver Type Solo

Was the driver Terminated?

Eligible for Rehire? Review

Was the driver subject to FMCSRs Yes

while employed?

Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR

Part 40?

Full Time / Part Time

Areas Driven

Equipment Driven Tractor-Trailer

Trailer Driven Single Trailer

Loads Hauled

Miles per week

Number of States Driven

Trailer Length 48/53ft

**Accidents** 

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email: <a href="mailto:drivers@tenstreet.com">drivers@tenstreet.com</a>



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## - CONFIDENTIAL -

Date: 12/01/23

Company: RUAN TRANSPORTATION MANAGMENT SYSTEMS

Address: 666 GRAND AVE DES MOINES, IA 50309

**Phone:** (866)782-6669

Fax:

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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.

Anthony Lamar Richard (Dec 1, 2023 13:57 CST)	Safety marriager (Vec 4, 2023 15:49 CST)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emp 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	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Anthony Lamar Richard SSN: 4347	18340 <i>Job Applying For:</i> 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 op	perated:
Accidents: Yes No If yes, please give the date and brief d	lescription 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 INFO	ORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results?	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:
Any problems with bonding? Yes No If yes, please explain	ı:
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, supervi	sion, or abuse of equipment?
Name/Title (of person providing the above information): Company:	