

Print

Request / Response Report

Response Tracking ID: (None)

Request #: 44948777

Mgr Freight

Address:

City / State / Zip: **Summit, IL**

Email: **chicagosafety@mgrfreightssystem.com**

Phone: **708-382-2400**

Fax:

Items Requested: **EMP**

Questions about this report?

Request Refused

Reason: **Refused - Not my Driver**

Description: **Never been employed by MGR Freight System, Inc.**

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: drivers@tenstreet.com



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MGR FREIGHT SYSTEM INC (DOT1550894) **Phone:** (708) 382-2400**Date:** 12/08/23**Address:** 500 WEST PLAINFIELD ROAD COUNTRYSIDE, IL 60525 **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.

Lumenes Batelus (Dec 8, 2023 15:00 EST)

Safety Department (Dec 8, 2023 15:12 EST)

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 gUZYmgYbg]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 Jf mYgdYV]b[H Jg Udd' Wbh' 5g' nci 'k J" fYUX'k Uij Yf gUHYX Uvcj YZU" JUV] JmcZnci 'UbX' nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

PLEASE BE ADVISED! Mti 'a UmYd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Lumenes Batelus

SSN: 732104274

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: GTC LOGISTICS INC (DOT2282557)

Phone: (773) 971-4447

Date: 12/08/23

Address: 1842 RICHMOND LANE LONG GROVE, IL 60047 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.

H.H.
Lumenes Batelus (Dec 8, 2023 15:00 EST)

Ru
Safety Department (Dec 8, 2023 15:12 EST)

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.

Name of Applicant:

Lumenes Batelus

SSN: 732104274

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 :

2/7/2023

End Date :

11/10/2023☒ Company Driver ☐ Owner/Operator ☐ Other?

Type of tractor operated: _____

Type of trailer pulled: Refeer (53')

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?

ResignedWould 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:

Elitsa Mitcheva / safety departmentGTC Logistics Inc1/3/2024



2

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