Print

Request / Respo	onse Report	Response Tracking ID: (None)	Request #: 44948777
Mgr Freight Address: City / State / Zip: Email: Phone: Fax: Items Requested:	chicagosafety@mgrfreights ystem.com 708-382-2400	Questions a	bout this report?

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



# 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.

1

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

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

Applicant's Signature

Company representative

8YUF DYfgebbY`A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX'he'h\]g'Vda dUbmZef Ya d`ena Ybh]b`U'gUZYhn\gYbg]h]j Y'deg]h]cbžWti f`Z]bX]b[`h\Y Udd`]WbhUg'U'dUghYa d`enYf"K]``nœi \_]bX`mfYd`mhe'h\]g']bei ]fmfYgdYWl[b[`h\]g'Udd`]WbH"5gnœi k]``fYUX'k U[j Yf`ghUhYX UVcj Yž'U```]UV]`]hmeZnœi `UbX'nœi f`Vda dUbm\Ug'VYYb fY`YUgYX Vmh\Y`Udd`]Wbt" <u>PLEASE BE ADVISED!</u> Mei `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Lumenes Batelus	<i>SSN:</i> 732104	274	Job Applying For: OTR Driver
Did the Applicant work If No, please explain: _	for you as a driver: Yes	No		
If employed as a driver	, please answer the following:	Start Date :		End Date :
Company Driver	Owner/Operator Othe	er?		
Type of tractor opera	ted:	_ Type of trailer pu	Illed:	
Other equipment opera	ted:	_ Commodities opera	ated:	
Accidents: Yes	] No If yes, please give the	e date and brief desc	cription of each acci	dent:
Traffic Violations:	/es No If yes, please	list all including the	e date and type of vi	olation:
INQUIRY FOR ALCO	HOL AND CONTROLLED SU	BSTANCES INFOR	MATION	
Alcohol tests with a res	ult of 0.04 or greater?	Yes No I	f yes, please give da	ate:
Verified positive control	lled substances test results?	Yes No I	f yes, please give da	ate:
Refusals to be tested?	Γ	Yes No 1	f yes, please give da	ate:
Rehab completed unde	r direction of SAP/MRO?	Yes No 1	f yes, please give da	ate:
Any problems with bon	ding? Yes No If ye	es, please explain:		
Why did this employee	leave your company?			
Would you re-employee	e this person? Yes No	If no, please ex	plain:	
Additional comments: (	Any problems with customer r	relations, supervisio	n, or abuse of equip	ment?
Name/Title (of person p	providing the above information	n):		
Company:				
Date:				

	2	SAFETY PERFORMANCE HIS RECORDS REQUEST
Royal Zinc.	,	-
Cogue Sun.	8	- CONFIDENTIAL -
Company: GTC LOGISTICS INC (DOT2282557) Address: 1842 RICHMOND LANE LONG GROVE, IL 6		3) 971-4447 <b>Date:</b>
I hereby authorize this company to release all records of empl dates of any and all alcohol or drug tests, those confirmed res completion under direction of SAP/MRO) to each and every co connection with my application for employment company, I he from any and all liable type as a result of providing the followi	oyment, including sults, and/or my re mpany( their auth creby release this o	fusing to any alcohol or drug tests and any rehab orized agents) which may request such informatic company, and its employees, officers, directors, a
Lumenes Batelus (Dec 8, 2023 15:00 EST)	Š	afety Department (Dec 8, 2023 15:12 EST)
Applicant's Signature	Co	mpany representative
applicant as a past employer. Will you kindly reply to t above, all liability of you and your company has been i <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 48	eleased by the a 15 6980 or e-ma	applicant. il: safety@royal3inc.com.
Name of Applicant: Lumenes Batelus SSN	:732104274	Job Applying For: OTR Drive
Did the Applicant work for you as a driver: Yes No If No, please explain:	A Î C	uliol 100
If employed as a driver, please answer the following: Start	Date : 2 7	2023 End Date : 11/10/200
Company Driver Owner/Operator Other?	<u> </u>	
Type of tractor operated: Type	of trailer pulled: _	Refeer (33')
		Refeer (33')
	odities operated: _	0
Other equipment operated: Comm Accidents: Yes No If yes, please give the date ar	odities operated: _ nd brief descriptior	0
Other equipment operated: Comm Accidents: Yes No If yes, please give the date ar Traffic Violations:YesNo If yes, please list all i	odities operated: nd brief description ncluding the date	and type of violation:
Other equipment operated: Comm Accidents: Yes No If yes, please give the date ar Traffic Violations:YesNo If yes, please list all i INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC	nd brief description ncluding the date	and type of violation:
Other equipment operated: Common Accidents: Yes No If yes, please give the date an Traffic Violations:YesNo If yes, please list all i INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC Alcohol tests with a result of 0.04 or greater?Yes	odities operated: nd brief description ncluding the date CES INFORMATION VNo If yes,	o of each accident: and type of violation: ON please give date:
Other equipment operated: Comm Accidents: Yes No If yes, please give the date ar Traffic Violations: Yes No If yes, please list all i INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC Alcohol tests with a result of 0.04 or greater? Yes Verified positive controlled substances test results? Yes	odities operated: nd brief description ncluding the date CES INFORMATION No If yes,	and type of violation:
Other equipment operated: Common Accidents: Yes NoIf yes, please give the date ar Traffic Violations:YesNoIf yes, please list all i INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC Alcohol tests with a result of 0.04 or greater?Yes Verified positive controlled substances test results?Yes Refusals to be tested?Yes	Dities operated: ad brief description Including the date CES INFORMATION No If yes, No If yes, No If yes, No If yes,	o of each accident:         and type of violation:         on         please give date:         please give date:         please give date:
Other equipment operated:      Comm         Accidents:       Yes       No       If yes, please give the date and date and date and date and the date and the date and the date an	odities operated:         ad brief description         ncluding the date         CES INFORMATION         No       If yes,	and type of violation:
Other equipment operated:      Comm         Accidents:       Yes       No       If yes, please give the date and date and date and date and the date and the date and the date an	odities operated:         ad brief description         ncluding the date         CES INFORMATION         No       If yes,	and type of violation:  DN please give date:
Other equipment operated:      Communication         Accidents:       Yes       No       If yes, please give the date and the date date date date date date date dat	bodities operated: and brief description including the date <b>CES INFORMATION</b> <b>INO</b> If yes, <b>INO</b> If	and type of violation:  DN please give date:
Other equipment operated:      Communication         Accidents:       Yes       No       If yes, please give the date and the date date date date date date date dat	bodities operated: and brief description including the date <b>CES INFORMATION</b> <b>INO</b> If yes, <b>INO</b> If	o of each accident:
Other equipment operated: Commu Accidents: Yes No If yes, please give the date ar Traffic Violations: Yes No If yes, please list all i INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC Alcohol tests with a result of 0.04 or greater? Yes Verified positive controlled substances test results? Yes Refusals to be tested? Yes Rehab completed under direction of SAP/MRO? Yes Any problems with bonding? Yes No If yes, please Why did this employee leave your company? <i>LS Yes</i> Would you re-employee this person? Yes No If r Additional comments: ( Any problems with customer relations	bodities operated: and brief description including the date <b>CES INFORMATION</b> <b>INO</b> If yes, <b>INO</b> If	and type of violation: and type of violation: please give date:
Other equipment operated:      Communication         Accidents:       Yes       No       If yes, please give the date and the date date and the date date date date date date date dat	bodities operated: and brief description including the date <b>CES INFORMATION</b> <b>INO</b> If yes, <b>INO</b> If	o of each accident:

Royal Zinc.	2
Company: GTC LOGISTICS INC (DOT2282557) Pl Address: 1842 RICHMOND LANE LONG GROVE, IL 60047	hone: (773) Fax:
hereby authorize this company to release all records of employmen dates of any and all alcohol or drug tests, those confirmed results, a	

## SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

### - CONFIDENTIAL -

Date: 12/08/23

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atelus (Dec 8, 2023 15:00 EST) Lui

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

Applicant's Signature

Company representative

971-4447

8YUf DYfgcbbY A UbU[ Yf H\Y'dYfgcb bUa YX`\YfY]b`\UgUdd`]YX hc h\]g'Wda dUbmZcf Ya d`cma Ybh]b`U'gUZYhn\gYbg]h]j Y'dcg]h]cbžiWci f ZjbX]b[ 'h\Y Udd`]WIbhUgUdUghYad`cnYf"K]``nci \_]bX`mfYd`mhc'h.]g]bei]fmfYgdYWIjb['h.]gUdd`]WIbh''5g'nci k]``fYUX'kUjjYfgHUhYX UVcjYžU```]UV]`]mcZnci UbX'ncifVaadUbm\UgVYYb'fY'YUgYX'Vmh\Y'Udd`]WIbt'' PLEASE BE ADVISED! Noti a UmrYd mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Lumenes Batelus	<i>SSN:</i> 732104274	Job Applying For: OTR Driver
Did the Applicant work If No, please explain: _	for you as a driver: Yes	No	
If employed as a driver,	, please answer the following:	Start Date :	End Date :
Company Driver	Owner/Operator Othe	r?	
Type of tractor opera	ted:	Type of trailer pulled:	
Other equipment opera	ted:	Commodities operated:	
Accidents: Yes	No If yes, please give the	date and brief description	n of each accident:
Traffic Violations:	es No If yes, please	list all including the date	and type of violation:
INQUIRY FOR ALCO	OL AND CONTROLLED SUB	STANCES INFORMAT	ION
Alcohol tests with a res	ult of 0.04 or greater?	Yes No If yes	, please give date:
Verified positive control	led 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 bond	ling? Yes No If ye	s, 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 n	elations, supervision, or	abuse of equipment?
Name/Title (of person p	providing the above information	n):	
Company:			
Date:			