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

January 13, 2024

RE: Employee Verification Requests Julio Cesar Urbina from Viking Transportation Inc.

To whom it may concern:

As of December 13, 2023 I have made the following attempts to contact Viking Transportation Inc in order to verify Julio Cesar Urbina's employment there.

The first attempt was made on January 8, 2024 when I sent a request at MP@vikingtrans.net which was recommended by safety person when I reached out through phone to their office.

On January 10, 2024 I re-sent request completing the second attempt and on January 12, 2024 I have made a third and final attempt. A formal response from Viking Transportation Inc was never received.

Sincerely,

Diana Baranda

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## **Employment Verification for Julio Cesar Urbina**

**Employment Verifications** <ev@rtbrz.com> To: MP@vikingtrans.net

Wed, Jan 10, 2024 at 10:47 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Julio Cesar Urbina'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 JulioCesarUrbina-3.pdf 174K



## **Employment Verification for Julio Cesar Urbina**

## **Employment Verifications** <ev@rtbrz.com> To: MP@vikingtrans.net

Fri, Jan 12, 2024 at 2:48 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Julio Cesar Urbina'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: <a href="mailto:ev@rtbrz.com">ev@rtbrz.com</a>





## **Employment Verification for Julio Cesar Urbina**

1 message

#### Employment Verifications <ev@rtbrz.com>

Mon, Jan 8, 2024 at 11:50 AM

To: MP@vikingtrans.net

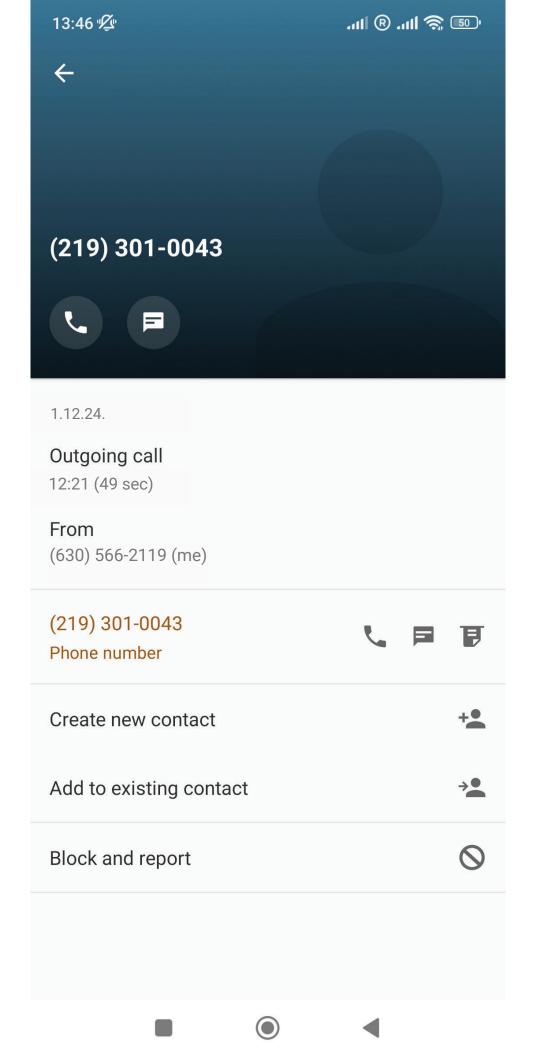
Hello,

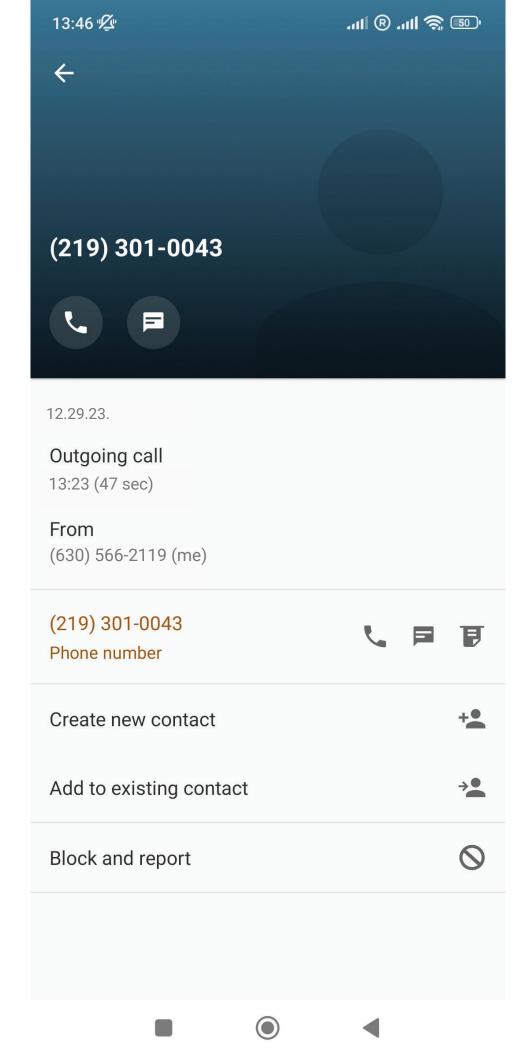
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Julio Cesar Urbina's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

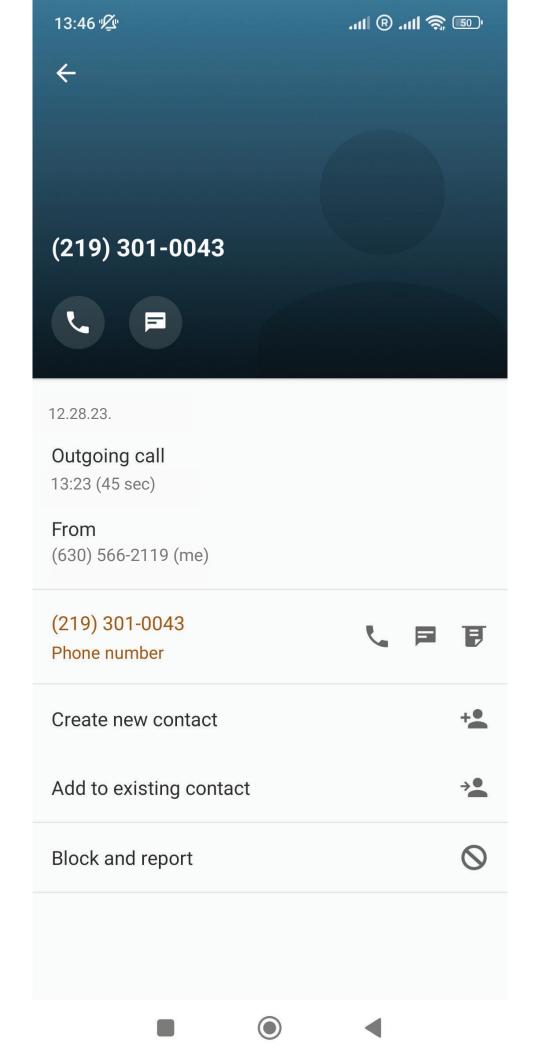
Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com











#### SAFETY PERFORMANCE HISTORY 1 **RECORDS REQUEST**

### - CONFIDENTIAL -

Date: 12/13/23

Company: VIKING TRANSPORTATION INC (USDOT 2975712) Phone: (219) 301-0043

Address: 2021 N GRIFFITH BLVD #A GRIFFITH, IN 46319 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 connection with my application for employment company, I from any and all liable type as a result of providing the folio	hereby release this company, a	and its employees, officers, directors, and agents				
Julio Cesar <del>Gr</del> bina (Dec 13, 2023 16:32 CST)	9	r (Dec 28, 2023 10:04 CST)				
Applicant's Signature	Company re	Company representative				
Dear Personnel Manager The person named herein has applied to this comparapplicant 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	o this inquiry respecting thin released by the applicant.	s applicant. As you will read waiver stated				
Name of Applicant: Julio Cesar Urbina S.	SN: 451970653	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: Sta	art Date :	End Date :				
Company Driver Owner/Operator Other?						
Type of tractor operated: Type	pe 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 SUBSTA	NCES 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?						
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: \_\_\_



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## - CONFIDENTIAL -

Company: FUREX INC (USDOT 1475323)

Phone: (708) 596-9955

Date: 12/13/23

Address: 6688 JOLIET RD #286 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 from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

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from any and all liable type as a result of providing the following information t	is company, and its employees, officers, directors, and agents to the below mentioned person and/or company.
Julio desar <del>Orb</del> ina (Dec 13, 2023 16:32 CST)	2
Applicant's Signature	Safety Manager (Dec 28, 2023 10:04 CST)
Dear Personnel Manager	Company representative
The person named herein has applied to this company for employme applicant as a past employer. Will you kindly reply to this inquiry res above, all liability of you and your company has been released by the <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-m	Pacing this applicable As voll will road waiver about 1
Name of Applicant: Julio Cesar Urbina SSN: 451970653	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
Other?	0/2023 End Date : 07/20/2023
Type of tractor operated: Sense Type of trailer pulled:	53"dry van
Other equipment operated: Commodities operated:	variet
Accidents: Yes No If yes, please give the date and brief description	n 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	ON
Alcohol tests with a result of a pa	please give date:
Verified Dositive controlled authors	please give date:
Kellisals to be tected?	please give date:
Kellab completed under direction of CAD (ADDA)	
American 11 11 11 11 11 11 11 11 11 11 11 11 11	please give date:
Would you re-employee this person? Yes No If no, please explain:_	
Additional comments: ( Any problems with customer relations, supervision, or ab	use of equipment?
Name/Title (of person providing the above information): Jaryna Company:	Chumak / safety
Date:	



# 2 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: FUREX INC (USDOT 1475323) Phone: (708) 596-9955 Date: 12/13/23

Address: 6688 JOLIET RD #286 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.

Julio desar <del>Orb</del> ina (Dec 13, 2023 16:32 CST)	Safety Manager (Dec 28, 2023 10:04 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.

Name of Applicant:	Julio Cesar Urbina	SSN: 451970653		Job Applying For: OTR Driver			
Did the Applicant work If No, please explain: _	for you as a driver: Yes	No					
If employed as a drive	r, please answer the following:	Start Date : _		End Date :			
Company Driver	Owner/Operator Other	?					
Type of tractor opera	ated:	Type of trailer	pulled:				
Other equipment opera	ated:	Commodities op	erated:				
Accidents: Yes	No If yes, please give the	date and brief de	escription of each ac	cident:			
Traffic Violations:	Yes No If yes, please	list all including t	the date and type of v	violation:			
INQUIRY FOR ALCO	HOL AND CONTROLLED SUB	STANCES INFO	PRMATION				
Alcohol tests with a res	sult of 0.04 or greater?	Yes No	If yes, please give of	date:			
Verified positive contro	olled substances test results?	Yes No	If yes, please give o	date:			
Refusals to be tested?		Yes No	If yes, please give o	date:			
Rehab completed unde	er direction of SAP/MRO?	Yes No	If yes, please give of	date:			
Any problems with bonding? Yes No If yes, please explain:							
Why did this employee	leave your company?						
Would you re-employe	e this person?  Yes  No	If no, please	explain:				
Additional comments:	( Any problems with customer re	elations, supervis	sion, or abuse of equi	pment?			
Name/Title (of person	providing the above information	ı):					
Company:			-				
Date:							