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

February 8, 2024

RE: Employee Verification Requests for Barnett Euton Waldron from CCLINTON CCARRIER LLC.

To whom it may concern:

As of January 8, 2024 I have made the following attempts to contact CCLINTON CCARRIER LLC in order to verify Barnett Euton Waldron's employment there.

The first attempt was made on January 12, 2024 when I sent a request at <u>CCLINTONCCARRIER@gmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On January 26, 2024 I re-sent request completing the second attempt and on January 30, 2024 I have made a third and final attempt. A formal response from CCLINTON CCARRIER LLC was never received.

Sincerely,

Kristina Milacic

her



Employment Verification for Barnett Euton Waldron

Employment Verifications <ev@rtbrz.com> To: CCLINTONCCARRIER@gmail.com Tue, Jan 30, 2024 at 10:37 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Barnett Euton Waldron'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: <u>ev@rtbrz.com</u>

Barnett Euton Waldron-3.pdf



Employment Verification for Barnett Euton Waldron

1 message

Employment Verifications <ev@rtbrz.com> To: CCLINTONCCARRIER@gmail.com Fri, Jan 26, 2024 at 5:30 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Barnett Euton Waldron'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: <u>ev@rtbrz.com</u>

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Employment Verification for Barnett Euton Waldron

Employment Verifications <ev@rtbrz.com> To: CCLINTONCCARRIER@gmail.com Fri, Jan 12, 2024 at 2:11 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Barnett Euton Waldron'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: <u>ev@rtbrz.com</u>

Barnett Euton Waldron-3.pdf







| If No, please explain: | | | | | |
|---|--|-----------------------|---|------------------------------------|--|
| <section-header></section-header> | | 1 | SAFETY PERFO | RMANCE HISTORY | |
| <section-header></section-header> | | T | | | |
| Company: CCLINTON CCARRIER LLC (DOT3S10887) Phon: (5:63) 241-553 Date: 9:00:00000000000000000000000000000000 | | | RECORD | | |
| Address: 136 STH AVE S CLINTON, IA 5273 Fax: Incereby address of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and my rehabilitation in connection with my application for employment company. In hereby relases this company to request such information in connection with my application for employment company. In hereby relases this company can be employees, officers, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company. Applicant's Signature Company representative Dear Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant. A so a will read waiver stated above, all liability of you and your company has been released by the applicant. A you will read waiver stated above, all liability of you and your company has been released by the applicant. A so will read waiver stated above, all liability of you as a driver: Yes Name of Applicant: EUTON WALDRON BARNETT Sslv: 668364906 Job Applying For: OTR Driver Did the Applicant: EUTON WALDRON BARNETT Sslv: 668364906 Job Applying For: OTR Driver Did the Applicant: EUTON WALDRON BARNETT Sslv: 668364906 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No Type of tractor operated: Type of trailer pulled: Trailer pulled: The protoval as a driver: Yes No If yes, please give date:< | | | - CONF | IDENTIAL - | |
| Address: 136 STH AVE S CLINTON, IA 5273 Fax: Incereby address if any and all alcohol or drug tests, those confirmed results, and/or my returing to any alcohol or drug tests and preveaus ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my returing to any alcohol or drug tests and preveaus ability, and fitness(including the following information to the below mentioned person and/or company. from any and all label type as a result of providing the following information to the below mentioned person and/or company. Applicant's Signature Company representative Dear Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant. As you will read waiver stated above, all labelity of you and your company has been released by the applicant. Dar Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant. Dar Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the above, all labelity of you and your company has been released by the applicant. Dar Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the above, all labelity of you and your company for solve employment. Dar Personnamed herein has applied to this company for employment in a safety-sensitive position, Your finding the above, all labelity of you and your company for employment in a safety-sensitive position, Your Finding the above above, all labelity of you and your company for the solve above, all the opplicant. | | | | | |
| I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness (including detes of any and all alcohol or dup tests, those configment exists), and form yrefusing to any alcohol of rothy tests and any rehabilitation (incomation under direction of SAP/MRD) 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 all its applicants are past employers. The provides ability and the provides ability of the provides ability and the provides ability and the provides ability and the provide ability and the provides ability and the provides ability and the provides ability and the provide ability of the provides ability and the provide provides ability and | Company: CCLINTON CCARRIER LLC (DOT35108 | 87) Phone: (56 | 63) 241-5535 | <i>Date:</i> 01/08/24 | |
| 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 competition under direction of SAP/IMOX to each and every company their authorized agents) which may request such information in formation in the bedow methoden depreson and/or company. Thereby release this company, and its employees, offices, and agents which may request such information in the bedow methoden depreson and/or company. Thereby release this company, and its employees, offices, and agents which may request such information in the bedow methoden depreson and/or company. Thereby release this company representative Depresonant and the replacement of the intervention of the bedow methoden depreson and/or company. The person and/or company has been released by the application. Pour finding the advaver stated above, all tibelity of you and your company has been released by the application. Pour finding the advaver stated above, all tibelity of you and your company has been released by the applicat. As you will read waiver stated above, all tibelity of you and your company has been released by the application. Pour finding the advaver stated above, all tibelity of you and your company has been released by the application. Pour finding the advaver stated above, all tibelity of you and your company has been released by the application. Pour finding the advaver stated above, all tibelity of you and your company has been released by the application and the advaver stated above, all tibelity of you and your company has been released by the application and the advaver stated above, all tibelity of you and your company has been released by the application of applications are explained to the state advaver stated above, all table advaver stated applications are explained to preve the state and brief description of each accident: | | | a assessments of my job previo | ous ability and fitness(including | |
| connection with my application for employment company. Inhereby release this company, and its employees, officers, and agents the many and all liable type as a result of providing the following information to the below mentioned person analyor company. And its employees, officers, and agents the many and transformation is the below mentioned person many of and its applicant. Such transformation is the below mentioned person many of the applicant as a past employer. Will you kinding representative position, Your finding the applicant as a past employer. Will you kinding representative position, Your finding the applicant as a past employer. Will you kinding representative above, all liability of you and your company has been released by the applicant. <i>BLSS BL ADVISED</i> ! You may reprise the soft of e-mail: safety@rtbrz.com. | dates of any and all alcohol or drug tests, those confirmed res | sults, and/or my | refusing to any alcohol or drug | tests and any rehabilitation | |
| Applicant's Signature | connection with my application for employment company, I he | ereby release this | company, and its employees, d | officers, directors, and agents | |
| Applicant's Signature Company representative Dear Person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as 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: EUTON WALDRON BARNETT SSN: 6683664906 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, Ibease explain: | from any and all liable type as a result of providing the following | ng information to | the below mentioned person a | and/or company. | |
| Dear Person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as past employer. Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast employer</i> . The provide as a driver: EUTON WALDRON BARNETT SSN: 668364906 | Euton Barnett (Jan 8, 2024 16:24 EST) | | Safety BRZ (Jan 8, 2024 16:25 EST) | | |
| Dear Person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as past employer. Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . Will you kindly reply to this inquiry respecting this applicant. <i>Breast endoyer</i> . <i>Company for you as a driver:</i> Yes No <i>If</i> No. Jeess explain: End Date : End Date : Type of tractor operated: Type of tractor operated: Type of tractor operated: Commodities operated: | Applicant's Signature | | Company representative | | |
| The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant. <i>By</i> 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. <i>By Description</i> 1000 and your company has been released by the applicant. <i>By Description</i> 1000 and your company has been released by the applicant. <i>By Description</i> 1000 are employed as a driver: Yes No | | | | | |
| 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: EUTON WALDRON BARNETT SSN: 668364906 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, please explain: | The person named herein has applied to this company | | | | |
| Name of Applicant: EUTON WALDRON BARNETT SSN: 668364906 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, please explain: | | | | ou will read waiver stated | |
| Did the Applicant work for you as a driver: Yes No If No, please explain: | <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 48 | 35 6980 or e-m | ail: safety@rtbrz.com. | | |
| Did the Applicant work for you as a driver: Yes No If No, please explain: | Name of Applicant: EUTON WALDRON BARNETT SSN. | :668364906 | Job Applying | For: OTR Driver | |
| If No, please explain: | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| If employed as a driver, please answer the following: Start Date : Company Driver Owner/Operator Other equipment operated: Type of tractor operated: Commodities operated: | Did the Applicant work for you as a driver: Yes No | | | | |
| Company Driver Owner/Operator Other? Type of tractor operated: Type of trailer pulled: | If No, please explain: | | | | |
| 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: | | | | | |
| Other equipment operated: | Company Driver Owner/Operator Other? | | | | |
| 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: Any problems with bonding? Yes No If yes, please give date: Why did this employee leave your company? | | | | | |
| 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: | Other equipment operated: Commo | odities operated: | | | |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date: | Accidents: Yes No If yes, please give the date an | d brief descriptio | on of each accident: | | |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date: | | | | | |
| Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date: | Iraffic Violations: Yes No If yes, please list all including the date and type of violation: | | | | |
| 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 give date: Why did this employee leave your company? | INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC | ES INFORMAT | ION | | |
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| 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 give date: My problems with bonding? Yes No If yes, please explain: | Verified positive controlled substances test results? Yes No If yes, please give date: | | | | |
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| Any problems with bonding? Yes No If yes, please explain: Why did this employee leave your company? | Rehab completed under direction of SAP/MRO? | No If yes | , please give date: | | |
| 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): | Any problems with bonding? Yes No If yes, please | | | | |
| 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): | | | | | |
| Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? Name/Title (of person providing the above information): Company: Date: | Why did this employee leave your company? | | | | |
| Name/Title (of person providing the above information): Company: Date: | Would you re-employee this person? Yes No If no | o, please explain | : | | |
| Company: Date: | Additional comments: (Any problems with customer relations, | , supervision, or | abuse of equipment? | | |
| Company: Date: | Name/Title (of person providing the above information) | | | | |
| Date: | , , , <u> </u> | | | | |
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