

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

February 26, 2024

RE: Employee Verification Requests for Hector Juarez from Miamex Inc.

To whom it may concern:

As of January 25, 2024 I have made the following attempts to contact Miamex Inc in order to verify Hector Juarez's employment there.

The first attempt was made on February 9, 2024 when I sent a request at MARSAL.HARRY@yahoo.com which was recommended by safety person when I reached out through phone to their office.

On February 13, 2024 I re-sent request completing the second attempt and on February 20, 2024 I have made a third and final attempt. A formal response from Miamex Inc was never received.

Sincerely,

Kristina Milacic

A handwritten signature in black ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

Employment Verifications <ev@royal3inc.com>

Tue, Feb 20, 2024 at 10:07 PM

To: MARSAL.HARRY@yahoo.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to **confirm Hector Juarez'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

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. ev@royal3inc.com



EV HectorJuarez-3.pdf

196K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

Employment Verifications <ev@royal3inc.com>

Tue, Feb 13, 2024 at 2:25 PM

To: MARSAL.HARRY@yahoo.com

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to **confirm Hector Juarez'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
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
Chicago, IL 60638
p. 630-566-2119
f. 630-485-6980
e. ev@royal3inc.com

 **EV HectorJuarez-3.pdf**
196K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

1 message

Employment Verifications <ev@royal3inc.com>
To: MARSAL.HARRY@yahoo.com

Fri, Feb 9, 2024 at 10:11 PM

Hello,

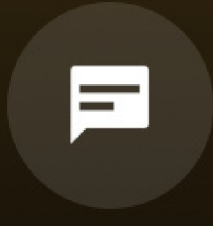
I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Hector Juarez's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards,
Sofia
HR Department
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
Chicago, IL 60638
p. 630-566-2119
f. 630-485-6980
e. ev@royal3inc.com

 **EV HectorJuarez-3.pdf**
196K



MILEDY MARTINEZ



2.16.24.

Outgoing call

14:43 (33 sec)

From

(630) 566-2119 (me)

(786) 246-3669

Phone number



Create new contact



Add to existing contact

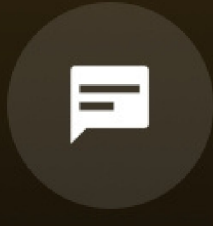


Block and report





MILEDY MARTINEZ



2.14.24.

Outgoing call

14:02 (34 sec)

From

(630) 566-2119 (me)

(786) 246-3669

Phone number



Create new contact



Add to existing contact

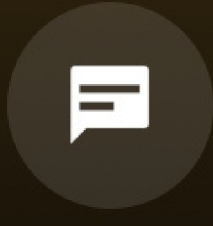


Block and report





MILEDY MARTINEZ



2.12.24.

Outgoing call

11:39 (31 sec)

From

(630) 566-2119 (me)

(786) 246-3669

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MIAMEX INC (DOT3649003)**Phone:** (786) 246-3669**Date:** 01/25/24**Address:** 4148 SW 156TH CT MIAMI, FL 33185 **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.

JUAREZ HECTOR (Jan 25, 2024 10:23 CST)

Kristina Milacic (Jan 25, 2024 11:49 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: HECTOR JUAREZ SSN: 364-63-1812**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: DSM LOGISTIC TRANSPORT COI **Phone:** (786) 631-1025
Address: 481 SHARAZAD BLVD OPA LOCKA, F **Fax:**

Date: 01/25/24

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.

JUAREZ HECTOR (Jan 25, 2024 10:23 CST)

Kristina Milacic (Jan 25, 2024 11:49 EST)

Applicant's Signature

Company representative

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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: HECTOR JUAREZ SSN: 364-63-1812**Job Applying For:** OTR DriverDid 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 : 04/2022 End Date : 09/2022

☒ 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? _____

He's a really good driver and a nice person give him the chance if you can!

Name/Title (of person providing the above information): Denis San martin

Company: DSM LOGISTIC TRANSPORT CORP

Date: 2/20/2014



- CONFIDENTIAL -

Company: DSM LOGISTIC TRANSPORT COI **Phone:** (786) 631-1025
Address: 481 SHARAZAD BLVD OPA LOCKA, F **Fax:**

Date: 01/25/24

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.

JUAREZ HECTOR (Jan 25, 2024 10:23 CST)

Kristina Milacic (Jan 25, 2024 11:49 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: HECTOR JUAREZ SSN: 364-63-1812**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: _____



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GALIANOS FREIGHT INC (DOT32 **Phone:** (786) 763-0070
Address: 2440 W 60TH ST UNIT 160832 HIALEA **Fax:**

Date: 01/25/24

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.

JUAREZ HECTOR (Jan 25, 2024 10:23 CST)

Kristina Milacic (Jan 25, 2024 11:49 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: HECTOR JUAREZ SSN: 364-63-1812**Job Applying For:** OTR DriverDid 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 : 08/06/2021 End Date : 03/27/2022☐ Company Driver ☒ Owner/Operator ☐ Other? _____Type of tractor operated: Semi Truck Type of trailer pulled: Reefer

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? He simply left one day saying he would return, but he never returned.Would you re-employee this person? ☐ Yes ☒ No If no, please explain: He left the company owing a personal loan that he requested and never paid, nor did he answer calls or messages.Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? He owing a personal loan that he requested and never paid, nor did he answer calls or messages.Name/Title (of person providing the above information): Orlando (Operation Manager)Company: Galiano's Freight Inc.Date: 02/20/2024



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GALIANOS FREIGHT INC (DOT32 **Phone:** (786) 763-0070
Address: 2440 W 60TH ST UNIT 160832 HIALEA **Fax:**

Date: 01/25/24

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.

JUAREZ HECTOR (Jan 25, 2024 10:23 CST)

Kristina Milacic (Jan 25, 2024 11:49 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: HECTOR JUAREZ SSN: 364-63-1812**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: _____

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

February 26, 2024

RE: Employee Verification Requests for Hector Juarez from Service & Logistics Multinational Corporation.

To whom it may concern:

As of January 25, 2024 I have made the following attempts to contact Service & Logistics Multinational Corporation in order to verify Hector Juarez's employment there.

The first attempt was made on February 9, 2024 when I sent a request at SERVICELOGISTICSMCORP@gmail.com which was recommended by safety person when I reached out through phone to their office.

On February 13, 2024 I re-sent request completing the second attempt and on February 20, 2024 I have made a third and final attempt. A formal response from Service & Logistics Multinational Corporation was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

Employment Verifications <ev@royal3inc.com>
To: SERVICELOGISTICSMCORP@gmail.com

Tue, Feb 20, 2024 at 10:07 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Hector Juarez'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
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
Chicago, IL 60638
p. 630-566-2119
f. 630-485-6980
e. ev@royal3inc.com

 **EV HectorJuarez-6.pdf**
204K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

Employment Verifications <ev@royal3inc.com>
To: SERVICELOGISTICSMCORP@gmail.com

Tue, Feb 13, 2024 at 2:25 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Hector Juarez'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
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
Chicago, IL 60638
p. 630-566-2119
f. 630-485-6980
e. ev@royal3inc.com

 **EV HectorJuarez-6.pdf**
204K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Hector Juarez

1 message

Employment Verifications <ev@royal3inc.com>
To: SERVICELOGISTICSMCORN@gmail.com

Fri, Feb 9, 2024 at 11:12 PM

Hello,

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Thank you!

Kind regards,
Sofia
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6850 W. 63rd St.
Chicago, IL 60638
p. 630-566-2119
f. 630-485-6980
e. ev@royal3inc.com

 **EV HectorJuarez-6.pdf**
204K



(305) 310-1377



2.16.24.

Outgoing call

14:49 (41 sec)

From

(630) 566-2119 (me)

(305) 310-1377

Phone number



Create new contact



Add to existing contact



Block and report





(305) 310-1377



2.14.24.

Outgoing call

14:13 (38 sec)

From

(630) 566-2119 (me)

(305) 310-1377

Phone number



Create new contact



Add to existing contact



Block and report





(305) 310-1377



2.12.24.

Outgoing call

11:42 (39 sec)

From

(630) 566-2119 (me)

(305) 310-1377

Phone number



Create new contact



Add to existing contact



Block and report





4

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: SERVICE & LOGISTICS MULTINA **Phone:** (305) 310-1377
Address: 24990 WEST 150TH ST OLATHE, KS **Fax:**

Date: 01/25/24

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.

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Kristina Milacic (Jan 25, 2024 11:49 EST)

Applicant's Signature

Company representative

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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: HECTOR JUAREZ SSN: 364-63-1812**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: _____

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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: _____