

**Riki Transportation Inc dba BRZ**  
**8225 Leclair Ave**  
**Burbank, IL 60459**

**February 26, 2024**

RE: Employee Verification Requests for Acosta Jonathan from Myc Transport Services Corp.

To whom it may concern:

As of January 25, 2024 I have made the following attempts to contact Myc Transport Services Corp in order to verify Acosta Jonathan's employment there.

The first attempt was made on January 26, 2024 when I sent a request at [MICHELALZADILLA.AMC@gmail.com](mailto:MICHELALZADILLA.AMC@gmail.com) which was recommended by safety person when I reached out through phone to their office.

On February 5, 2024 I re-sent request completing the second attempt and on February 9, 2024 I have made a third and final attempt. A formal response from Myc Transport Services Corp 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 Verification for Acosta Jonathan

---

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

Fri, Feb 9, 2024 at 7:54 PM

To: MICHELCALZADILLA.AMC@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to **confirm Acosta Jonathan's employment** with your company. Please find the attached form, and send it back to me at your earliest convenience.

Thank you, and have a nice day!

Kind Regards,

Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**03DQ BRZ\_Acosta Jonathan-3.pdf**

819K



Employment Verifications <ev@rtbrz.com>

---

## Employment Verification for Acosta Jonathan

---

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

Mon, Feb 5, 2024 at 2:46 PM

To: MICHELCALZADILLA.AMC@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to **confirm Acosta Jonathan's employment** with your company. Please find the attached form, and send it back to me at your earliest convenience.

Thank you, and have a nice day!

Kind Regards,

Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**03DQ BRZ\_Acosta Jonathan-3.pdf**

819K



Employment Verifications <ev@rtbrz.com>

---

## Employment Verification for Acosta Jonathan

1 message

---

**Employment Verifications** <ev@rtbrz.com>  
To: MICHELCALZADILLA.AMC@gmail.com

Fri, Jan 26, 2024 at 10:30 PM

Hello,

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

Thank you, and have a nice day!

Kind Regards,  
Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

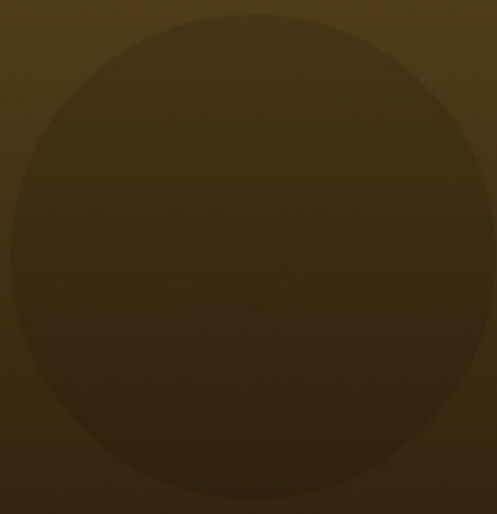
Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)

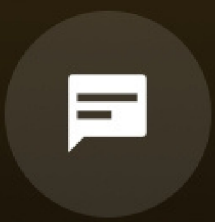


**03DQ BRZ\_Acosta Jonathan-3.pdf**

819K



TRIMINO BRANDON



2.16.24.

Outgoing call

14:19 (34 sec)

From

(630) 566-2119 (me)

(786) 851-2245

Phone number



Create new contact

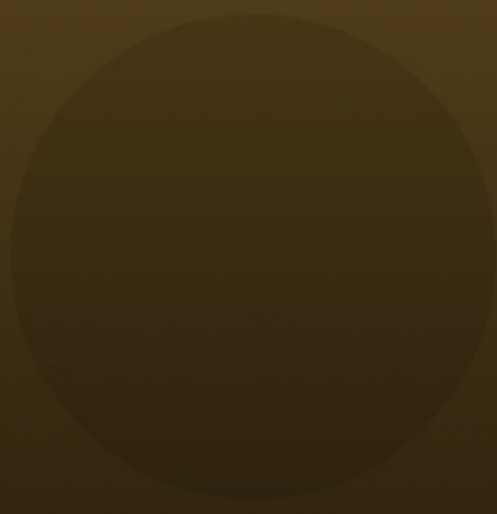


Add to existing contact

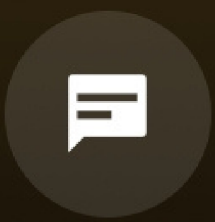


Block and report





TRIMINO BRANDON



2.14.24.

Outgoing call

13:39 (31 sec)

From

(630) 566-2119 (me)

(786) 851-2245

Phone number



Create new contact

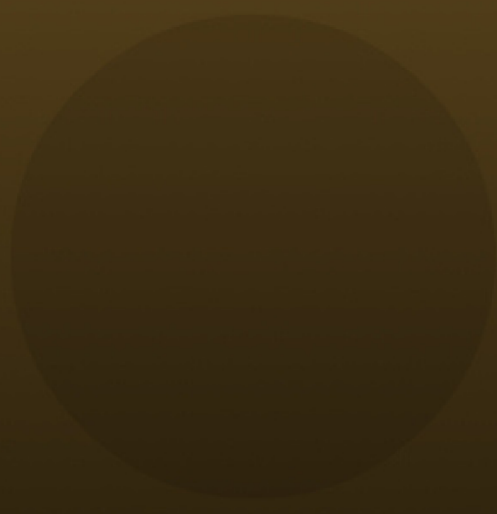


Add to existing contact



Block and report





# TRIMINO BRANDON



2.12.24.

Outgoing call

11:13 (32 sec)

From

(630) 566-2119 (me)

(786) 851-2245

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** MYC TRANSPORT SERVICES CORP (DOT3964717) **Phone:** (786) 851-2245**Date:** 01/25/24**Address:** 8878 NW 119TH ST HAILEAH GARDENS, FL 33018 **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.

ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)

Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

H Y dYfgcb bUa YX\ YfY]b \ Ug Udd' JYX'c H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd' J]Mbh Ug U dUgh Ya d'cnyf"K J" nci \_]bX' mfyd' mhc H Jg] bei Jf mfygdYV]b[ H Jg Udd' J]Mbh" 5g' nci 'k J" fYUX'k Uij Yf gUHXY UVcj YZU"" JUV] JmicZ nci 'UbX' nci f Wda dUbm\ Ug VYYb fY YUgYX Vmih Y Udd' J]Mbt"

**PLEASE BE ADVISED!** Mti 'a Unfyd' nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**Name of Applicant:** ACOSTA, JONATHAN **SSN:** 391295493**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: \_\_\_\_\_

☒ USDOT Number    ☐ MC/MX Number    ☐ Name  
 Enter Value:

## Company Snapshot

**DIYOJEN EXPRESS LLC**  
USDOT Number: 3573650

### ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### Other Information for this Carrier

- ▼ [SMS Results](#)
- ▼ [Licensing & Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **02/25/2024**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER																																
<b>Operating Status:</b>	NOT AUTHORIZED	<b>Out of Service Date:</b>	None																														
<b>Legal Name:</b>	DIYOJEN EXPRESS LLC																																
<b>DBA Name:</b>																																	
<b>Physical Address:</b>	18 HOFFMAN AVE CHERRY HILL, NJ 08003																																
<b>Phone:</b>	(856) 843-2980																																
<b>Mailing Address:</b>	18 HOFFMAN AVE CHERRY HILL, NJ 08003-3826																																
<b>USDOT Number:</b>	3573650	<b>State Carrier ID Number:</b>																															
<b>MC/MX/FF Number(s):</b>	MC-1204622	<b>DUNS Number:</b>	--																														
<b>Power Units:</b>	6	<b>Drivers:</b>	3																														
<b>MCS-150 Form Date:</b>	05/09/2023	<b>MCS-150 Mileage (Year):</b>	150,000 (2022)																														
<b>Operation Classification:</b>																																	
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td>Priv. Pass.(Non-business)</td> <td>State Gov't</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td>Migrant</td> <td>Local Gov't</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass. (Business)</td> <td>Fed. Gov't</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't	<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't																			
<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't																															
<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't																															
<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation																															
<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't																																
<b>Carrier Operation:</b>																																	
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Interstate</td> <td><input type="checkbox"/> Intrastate Only (HM)</td> <td><input type="checkbox"/> Intrastate Only (Non-HM)</td> </tr> </table>				<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)																											
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)																															
<b>Cargo Carried:</b>																																	
<table border="0"> <tr> <td><input checked="" type="checkbox"/> General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td>Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td>Metal: sheets, coils, rolls</td> <td>Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td>Motor Vehicles</td> <td>Oilfield Equipment</td> <td>Beverages</td> </tr> <tr> <td>Drive/Tow away</td> <td>Livestock</td> <td>Paper Products</td> </tr> <tr> <td>Logs, Poles, Beams, Lumber</td> <td>Grain, Feed, Hay</td> <td>Utilities</td> </tr> <tr> <td>Building Materials</td> <td>Coal/Coke</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td>Mobile Homes</td> <td>Meat</td> <td>Construction</td> </tr> <tr> <td>Machinery, Large Objects</td> <td>Garbage/Refuse</td> <td>Water Well</td> </tr> <tr> <td>Fresh Produce</td> <td>US Mail</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals	Household Goods	Intermodal Cont.	Commodities Dry Bulk	Metal: sheets, coils, rolls	Passengers	Refrigerated Food	Motor Vehicles	Oilfield Equipment	Beverages	Drive/Tow away	Livestock	Paper Products	Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities	Building Materials	Coal/Coke	Agricultural/Farm Supplies	Mobile Homes	Meat	Construction	Machinery, Large Objects	Garbage/Refuse	Water Well	Fresh Produce	US Mail	
<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals																															
Household Goods	Intermodal Cont.	Commodities Dry Bulk																															
Metal: sheets, coils, rolls	Passengers	Refrigerated Food																															
Motor Vehicles	Oilfield Equipment	Beverages																															
Drive/Tow away	Livestock	Paper Products																															
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities																															
Building Materials	Coal/Coke	Agricultural/Farm Supplies																															
Mobile Homes	Meat	Construction																															
Machinery, Large Objects	Garbage/Refuse	Water Well																															
Fresh Produce	US Mail																																



2


SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** DIYOJEN EXPRESS LLC (DOT3573650) **Phone:** (856) 843-2980**Date:** 01/25/24**Address:** 18 HOFFMAN AVE CHERRY HILL, NJ 08003 **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.

  
ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)

  
Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf'DYfgcbby'A UbU[Yf

H.Y.dYfgcb'bUa YX\YfY]b\UgUdd'JYX'hc'H]g'Wda dUbmZcf'Ya d'cna Ybh]b'U'gUZ/magYbg]hij Y'dcg]h'cbZ'Mci f'Z]bX]b[ 'H.Y  
Udd'J]MbhUg'U'dUghYa d'cnYf'"K J'"nci \_]bX'mfYd'mhc'H]g]bei J'mfYgdYV]b[ 'H]g'Udd'J]Mbh'5g'nci 'k J'"fYUX'k U]j Yf'g'UHYX  
UVcj YZU'"JUV]J]micZnci 'UbX'nci f'Wda dUbm\UgVYYb'fY'YUgYX Vm'h Y'Udd'J]Mbh"

**PLEASE BE ADVISED!** Mti 'a UmfYd'nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: ACOSTA, JONATHAN SSN: 391295493

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: Star Transportation PA, Inc.

Phone:

Date: 01/25/24

Address: 301 NW 171st St, Miami Gardens, FL 33169

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.

  
ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)  
Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

H Y dYfgcb bUa YX\ YfY]b\ UgUdd JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b UgUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd J]MbhUg U dUghYa d'cnYf"K J" nci \_]bX mrfYd' mhc H Jg]bei Jf mrfYgdYV]b[ H Jg Udd J]Mbh" 5g nci k J" fYUX k Uij Yf gUHXY UVcj YZU"" JUV] JmicZ nci UbX nci f Wda dUbm\ Ug VYYb fY YUgYX Vmih Y Udd J]Mbt"

**PLEASE BE ADVISED!** Mti a UnrfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: ACOSTA, JONATHAN SSN: 391295493

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: Yes<sup>x</sup> No

If No, please explain: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : 05/2023 End Date : 06/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Tractor-Trailer Type of trailer pulled: Van

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): Olha Zykova

Company: Star Transportation PA, Inc

Date: 02/09/2024



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Star Transportation PA, Inc.**Phone:****Date:** 01/25/24**Address:** 301 NW 171st St, Miami Gardens, FL 33169**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.

ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)

Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbY Ua YX YfYj b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y dcgHjcbZ Mti f Z bX b H Y Udd J M b h U g U d U g h Ya d'cnyf K J nci J b X m f Y d m h c H g J bei J m f Y g d Y M j b H g Udd J M b h 5g nci k J f Y U X k U j Y f g U H X U V c j Y Z U J U J J m c Z nci U b X nci f Wda d U b m h U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t

**PLEASE BE ADVISED!** Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: ACOSTA, JONATHAN SSN: 391295493

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: \_\_\_\_\_




4

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** RIKI TRANSPORTATION INC (DOT3119062) **Phone:** (708) 303-5150**Date:** 01/25/24**Address:** 8225 LECLAIRE AVE BURBANK, IL 60459 **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.

  
ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)

  
Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHj Y d'cgHjcbZ Mti f Z bX b H Y Udd J M b h U g U d U g h Ya d'cnyf K J nci J bX m f Y d m h c H g bei J m f Y g d Y M b H g Udd J M b h 5 g nci k J f Y U X k U j Y f g U H X U V c j Y Z U J U V J m c Z nci U b X nci f Wda d U b m h U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t

**PLEASE BE ADVISED!** Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: ACOSTA, JONATHAN SSN: 391295493

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 : 08/2022 End Date : 05/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Semi truck Type of trailer pulled: Dry Van

Other equipment operated: n/a Commodities operated: General freight

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): Sofia M, Safety

Company: RIKI TRANSPORTATION INC

Date: 1/26/2024




4

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** RIKI TRANSPORTATION INC (DOT3119062) **Phone:** (708) 303-5150**Date:** 01/25/24**Address:** 8225 LECLAIRE AVE BURBANK, IL 60459 **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.

  
ACOSTA, JONATHAN (Jan 25, 2024 13:03 EST)

  
Kristina Milacic (Jan 25, 2024 13:14 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU' Yf

H Y dYfgcb' bUa YX\ YfY]b \ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh]b U' gUZYmAgYbg]hij Y' d'cg]h' cbZ' Mti f' Z]bX]b[ ' H' Y Udd' ]WbhUg' U' dUghYa d' cnyf' "K ]' ' nci ' ]bX' mfyd' m' h' g' ]bei ]f mfygdYV]b[ ' H' g' Udd' ]Wbh' 5g' nci ' k ]' ' fYUX' k Uij Yf g' UH' X UVcj YZU' " ]UV] ]micZ' nci ' UbX' nci f' Wda dUbm\ Ug VYYb' fY YUgYX Vmih Y Udd' ]Wbt"

**PLEASE BE ADVISED!** Mti 'a Unfyd' nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**Name of Applicant:** ACOSTA, JONATHAN **SSN:** 391295493**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: \_\_\_\_\_