

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

**February 23, 2024**

RE: Employee Verification Requests for Canga Romero Gnley from La Network Llc.

To whom it may concern:

As of January 23, 2024 I have made the following attempts to contact La Network Llc in order to verify Canga Romero Gnley's employment there.

The first attempt was made on January 26, 2024 when I sent a request at [YUSTRUJILLO@msn.com](mailto:YUSTRUJILLO@msn.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 La Network Llc 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@rtbrz.com>

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## Employment Verification for Canga Romero Gnley

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

Fri, Feb 9, 2024 at 7:36 PM

To: YUSTRUJILLO@msn.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to **confirm Canga Romero Gnley'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](#)

[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\_Canga Romero Ginley-3.pdf**

820K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Canga Romero Gnley

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

Mon, Feb 5, 2024 at 2:36 PM

To: YUSTRUJILLO@msn.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to **confirm Canga Romero Gnley'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](#)

[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\_Canga Romero Ginley-3.pdf**

820K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Canga Romero Gnley

1 message

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**Employment Verifications** <ev@rtbrz.com>  
To: YUSTRUJILLO@msn.com

Fri, Jan 26, 2024 at 9:55 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Canga Romero Gnley'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](#)

[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)

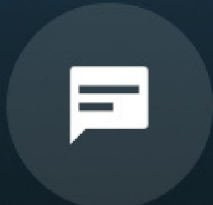


**03DQ BRZ\_Canga Romero Ginley-3.pdf**

820K



(954) 918-2736



2.15.24.

Outgoing call

13:12 (31 sec)

From

(630) 566-2119 (me)

(954) 918-2736

Phone number



Create new contact



Add to existing contact

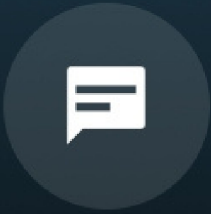


Block and report





(954) 918-2736



2.12.24.

Outgoing call

12:03 (37 sec)

From

(630) 566-2119 (me)

(954) 918-2736

Phone number



Create new contact



Add to existing contact

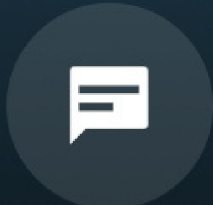


Block and report





(954) 918-2736



1.26.24.

Outgoing call  
13:50 (33 sec)

From  
(630) 566-2119 (me)

(954) 918-2736  
Phone number



Create new contact 

Add to existing contact 

Block and report 



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** LA NETWORK LLC (DOT 2517832)**Phone:** (954) 918-2736**Date:** 01/23/24**Address:** 936 WHITTEN RD ANDERSON, SC 29621**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.

Ginley canga Romero (Jan 23, 2024 15:40 EST)

Safety Department (Jan 23, 2024 15:46 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'UHX UVcj YZU'"JUV]J'micZ'nci 'UbX'nci f'Wda dUbm\Ug'VYYb'fY'YUgYX Vm'h'Y'Udd'J]Mbt"

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

Name of Applicant: CANGA ROMERO, GINLEY SSN: 098-27-5872

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: \_\_\_\_\_

BRZ