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Pam International Inc.

Arnoldo B Cruz Maltez[Re-Send Request](#)Dates Requested: **06-2022** to **01-2024**

Status: Submitted ▼

[Add/Edit Note](#)Items Requested: **EMP**SSN: **268-05-5912**Date Requested: **02-16-2024**DOB: **05-22-1979**[Log Phone Attempt](#)Request Method: **Network**Attempts: **2**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **02-20-24** [Edit](#) [Delete](#)

Request #: 45849761

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 45849761

Pam International Inc.

Provided By: **Jovana Grbic**Title: **(N/A)**Address: **1311 N. Halsted Street**City / State / Zip: **Chicago, IL 60642**Email: **paula@paminternationalinc.com**Phone: **312-414-1431**Fax: **312-414-1431**Items Requested: **EMP**[Questions about this report?](#)

Requested Subject Information

Denotes a value not equal to the Provided value**Arnoldo B Cruz Maltez**Date Range Requested: **06-2022** to **01-2024**SSN: **xxx-xx-5912**DOB: **05-22-1979**

Provided Subject Information

Denotes a value not equal to original Requested value**Arnoldo B Cruz Maltez**Date Range Provided: **04-2023** to **11-2023**SSN: **xxx-xx-5912**DOB: **05-22-1979**

Original Request Information

Provided Information

Position Held	Position Held	Driver
Reason For Leaving	Reason For Leaving	Resigned
Driver Class	Driver Class	Company
Driver Type	Driver Type	Solo
Was the driver Terminated?	Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	Eligible for Rehire?	Review
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver subject to FMCSRs while employed?	Yes
Areas Driven	Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes

Equipment Driven	Full Time / Part Time	Full Time
Trailer Driven	Areas Driven	otr
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	
	Miles per week	
	Number of States Driven	48
	Trailer Length	53'

Activity Log

02-19-2024 12:41 PM - Jovana Grbic (Pam International Inc.)

Response added. Request #45849761 status set to "Submitted".

02-19-2024 05:08 AM - Zigi Stamenkovic

Request Re-sent via Network method

02-16-2024 01:57 PM - Zigi Stamenkovic

Request sent under order #19536938 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email: drivers@tenstreet.com



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**SAFETY PERFORMANCE HISTORY
RECORDS REQUEST****- CONFIDENTIAL -****Company:** PAM INTERNATIONAL INC (DOT3C **Phone:** (312) 414-1431**Date:** 01/25/24**Address:** 261 REPUBLIC AVE JOLIET, IL 60435 **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.

CRUZ MALTEZ, ARNOLDO B (Jan 25, 2024 16:34 EST)

Kristina Macic (Jan 25, 2024 16:37 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: Z MALTEZ, ARNOLDO B **SSN:** 268055912**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: _____

[Print](#)**Arnoldo B Cruz Maltez**

Status: Submitted ▼

SSN: 268-05-5912

DOB: 05-22-1979

Attempts: 2

Count towards Experience ☐

Request #: 45849852

[Re-Send Request](#)[Add/Edit Note](#)[Log Phone Attempt](#)[Summary](#)

North American Transport Services, LLC

Dates Requested: 03-2021 to 06-2022

Items Requested: EMP

Date Requested: 02-16-2024

Request Method: Network

Actual Provide Method: N/A

Next Action Date: 02-20-24 [Edit](#) [Delete](#)[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 45849852

North American Transport Services, LLC

Provided By: Annia Marichal

Title: (N/A)

Address: 7550 W 2nd Court

City / State / Zip: Hialeah, FL 33014

Email: amarichal@nalogistics.com

Phone: 305-805-9400

Fax: 305-805-9955

Items Requested: EMP

[Questions about this report?](#)

Requested Subject Information

Denotes a value not equal to the Provided value**Arnoldo B Cruz Maltez**

SSN: xxx-xx-5912

DOB: 05-22-1979

Date Range Requested: 03-2021 to 06-2022

Provided Subject Information

Denotes a value not equal to original Requested value**Arnoldo B Cruz Maltez**

SSN: xxx-xx-5912

DOB: 05-22-1979

Date Range Provided: 10-2021 to 12-2022

Original Request Information

Provided Information

Position Held

Reason For Leaving

Driver Class

Driver Type

Was the driver Terminated?

Was the driver subject to FMCSRs while employed?

Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?

Areas Driven

Equipment Driven

Position Held

OWNER OPERATOR

Reason For Leaving

BETTER OPPORTUNITY

Driver Class

Owner/Operator

Driver Type

Solo

Was the driver Terminated?

No

Eligible for Rehire?

Review

Was the driver subject to FMCSRs while employed?

Yes

Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?

Yes

Trailer Driven	Full Time / Part Time	FT
Loads Hauled	Areas Driven	OTR
	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	
	Miles per week	
	Number of States Driven	
	Trailer Length	

Activity Log

02-20-2024 02:13 PM - Annia Marichal (North American Transport Services, LLC)
Response added. Request #45849852 status set to "Submitted".
02-19-2024 05:07 AM - Zigi Stamenkovic
Request Re-sent via Network method
02-16-2024 02:00 PM - Zigi Stamenkovic
Request sent under order #19536979 via Network method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.
 Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1
 or email: drivers@tenstreet.com



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: NORTH AMERICAN TRANSPORT **Phone:** (305) 455-1150**Date:** 01/25/24**Address:** 160 ALI-BABA AVENUE OPA LOCKA, **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.

CRUZ MALTEZ, ARNOLDO B (Jan 25, 2024 16:34 EST)

Kristina Masic (Jan 25, 2024 16:37 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: Z MALTEZ, ARNOLDO B **SSN:** 268055912**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 Arnoldo B Cruz Maltez from STAR TRANSPORTATION.

To whom it may concern:

As of January 25, 2024 I have made the following attempts to contact STAR TRANSPORTATION in order to verify Arnoldo B Cruz Maltez's employment there.

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

On February 16, 2024 I re-sent request completing the second attempt and on February 23, 2024 I have made a third and final attempt. A formal response from STAR TRANSPORTATION 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 Cruz Maltez Arnoldo B

Employment Verifications <ev@royal3inc.com>

Fri, Feb 23, 2024 at 3:21 PM

To: hr@startranspa.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Cruz Maltez Arnoldo B'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



03DQ Royal 3_Cruz Maltez Arnoldo B 1-5.pdf

965K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Cruz Maltez Arnoldo B

Employment Verifications <ev@royal3inc.com>

Fri, Feb 16, 2024 at 2:16 PM

To: hr@startranspa.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Cruz Maltez Arnoldo B'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



03DQ Royal 3_Cruz Maltez Arnoldo B 1-5.pdf

965K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Cruz Maltez Arnoldo B

Employment Verifications <ev@royal3inc.com>

Fri, Feb 9, 2024 at 10:22 AM

To: hr@startranspa.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Cruz Maltez Arnoldo B'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



03DQ Royal 3_Cruz Maltez Arnoldo B 1-5.pdf

965K



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC

Phone: 267 397 8040

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.

CRUZ MALTEZ, ARNOLDO B (Jan 25, 2024 16:34 EST)

Kristina Magic (Jan 25, 2024 16:37 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: Z MALTEZ, ARNOLDO B SSN: 268055912

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: _____