

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

February 29, 2024

RE: Employee Verification Requests for Romano Wadi from Americas Best Transport Inc.

To whom it may concern:

As of January 29, 2024 I have made the following attempts to contact Americas Best Transport Inc in order to verify Romano Wadi's employment there.

The first attempt was made on February 13, 2024 when I sent a request at AMERICASBESTTRANSPORT@gmail.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 22, 2024 I have made a third and final attempt. A formal response from Americas Best Transport 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@rtbrz.com>

Employment Verification for Romano Wadi

Employment Verifications <ev@rtbrz.com>
To: AMERICASBESTTRANSPORT@gmail.com

Thu, Feb 22, 2024 at 10:17 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Romano Wadi'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



03DQ BRZ_Romano Wadi-3.pdf
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Romano Wadi

Employment Verifications <ev@rtbrz.com>
To: AMERICASBESTTRANSPORT@gmail.com

Fri, Feb 16, 2024 at 6:33 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Romano Wadi'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

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[Riki Transportation Inc dba BRZ](#)

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817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Romano Wadi

Employment Verifications <ev@rtbrz.com>
To: AMERICASBESTTRANSPORT@gmail.com

Tue, Feb 13, 2024 at 11:11 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Romano Wadi'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

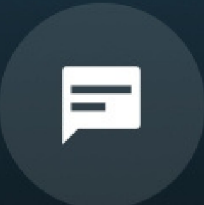


03DQ BRZ_Romano Wadi-3.pdf

817K



(702) 328-9607



2.19.24.

Outgoing call

10:58 (39 sec)

From

(630) 566-2119 (me)

(702) 328-9607

Phone number



Create new contact



Add to existing contact

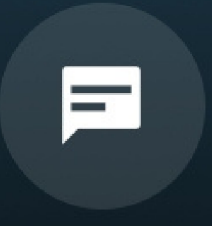


Block and report





(702) 328-9607



2.15.24.

Outgoing call
11:49 (37 sec)

From
(630) 566-2119 (me)

(702) 328-9607
Phone number



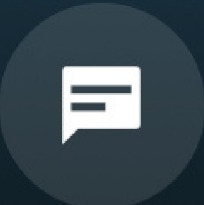
Create new contact 

Add to existing contact 

Block and report 



(702) 328-9607



2.12.24.

Outgoing call

12:20 (31 sec)

From

(630) 566-2119 (me)

(702) 328-9607

Phone number



Create new contact



Add to existing contact



Block and report





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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: AMERICAS BEST TRANSPORT INC (DOT2965369) **Phone:** (702) 328-9607**Date:** 01/29/24**Address:** 3191 N LESLIE ST PAHRUMP, NV 89060**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.

Wadi Romano (Jan 29, 2024 16:35 EST)

Kristina Milacic (Jan 31, 2024 10:44 EST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ Ymg Ybg H j Y d c g H j c b z M c i f Z b X b H Y Udd J M b h U g U d U g h Y a d'c n Y f " K J " n c i _ j b X m f Y d m h c H g j b e i j f m f Y g d Y M j b H g Udd J M b h " 5 g n c i k J " f Y U X k U j Y f g U H Y X U V c j Y z U " J U V J m c Z n c i U b X n c i f W d a 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.

Name of Applicant:

Wadi Romano

SSN: 508118201

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: _____