



1


SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MVV LINES INC (DOT1811206)**Phone:** (708) 745-3267**Date:** 04/11/24**Address:** 537 E SOUTH FRONTAGE RD BOLINGBROOK, IL 60462 **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.


Hendrieth, Paul Ivan (Apr 11, 2024 14:36 EDT)


Kristina Milacic (Apr 11, 2024 14:37 EDT)

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 W 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 m f Y g d Y M j b H g U d d J W 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 J m c Z n c i U b X n c i f W d a d U b m U g V Y Y b f Y Y U g Y X V n h Y U d d J W b t "

PLEASE BE ADVISED! M c i a U n f Y d m b y FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Paul Ivan Hendrieth SSN: 267436718**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 : 11/2023 End Date : 02/2024

☐ 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: _____
Be careful with him. He stole fuel, stole a tablet, left a trailer somewhere on the road. He did not answer our calls and messages.

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): Company owner, GinCompany: MVV LINES INCDate: 04/18/2024





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MVV LINES INC (DOT1811206)**Phone:** (708) 745-3267**Date:** 04/11/24**Address:** 537 E SOUTH FRONTAGE RD BOLINGBROOK, IL 60462 **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.


Hendrieth, Paul Ivan (Apr 11, 2024 14:36 EDT)
Kristina Milacic (Apr 11, 2024 14:37 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc 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]WbhUg U dUghYa d'cnYf K J nci J]bX mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh 5g nci k J fYUX k Uij Yf gUHUX Uvcj YZ U JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt"

PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Paul Ivan Hendrieth SSN: 267436718**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

May 10, 2024

RE: Employee Verification Requests for Paul Ivan Hendrieth from GLOBAL M TRANSPORT LLC.

To whom it may concern:

As of April 11, 2024 I have made the following attempts to contact GLOBAL M TRANSPORT LLC in order to verify Paul Ivan Hendrieth's employment there.

The first attempt was made on April 11, 2024 when I sent a request at CONTACT@globalmtransport.com which was recommended by safety person when I reached out through phone to their office.

On April 18, 2024 I re-sent completing the second attempt and on April 25, 2024 I have made a third and final attempt. A formal response from GLOBAL M TRANSPORT 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@royal3inc.com>

Employment Verification for Paul Ivan Hendrieth

Employment Verifications <ev@royal3inc.com>

Thu, Apr 25, 2024 at 9:51 PM

To: CONTACT@globalmtransport.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Paul Ivan Hendrieth's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

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 Inc_Hendrieth Paul Ivan-4.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Paul Ivan Hendrieth

Employment Verifications <ev@royal3inc.com>

Thu, Apr 18, 2024 at 11:43 AM

To: CONTACT@globalmtransport.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Paul Ivan Hendrieth's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

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 Inc_Hendrieth Paul Ivan-4.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Paul Ivan Hendrieth

Employment Verifications <ev@royal3inc.com>

Thu, Apr 11, 2024 at 11:36 PM

To: CONTACT@globalmtransport.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Paul Ivan Hendrieth's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

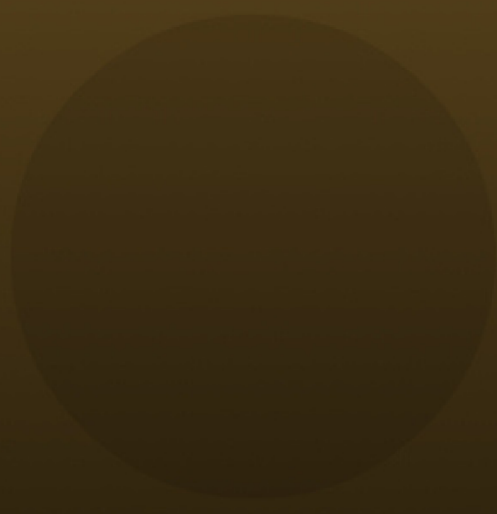
f. 630-485-6980

e. ev@royal3inc.com



03DQ Royal 3 Inc_Hendrieth Paul Ivan-4.pdf

900K



MIROSLAV,DIMOSK



Today

Outgoing call
16:54 (43 sec)

From
(630) 566-2119 (me)

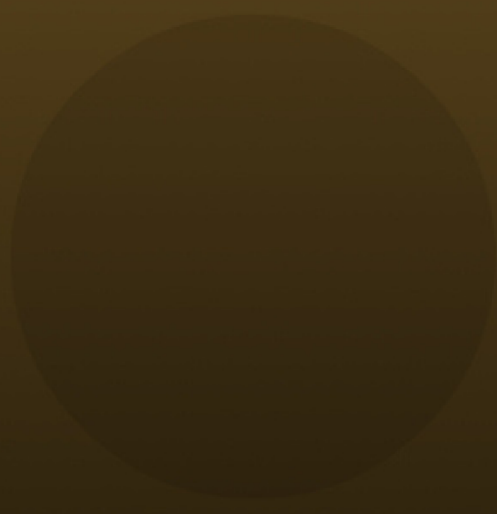
(786) 393-1454
Phone number



Create new contact 

Add to existing contact 

Block and report 



MIROSLAV,DIMOSK



5.3.24.

Outgoing call

11:49 (46 sec)

From

(630) 566-2119 (me)

(786) 393-1454

Phone number



Create new contact

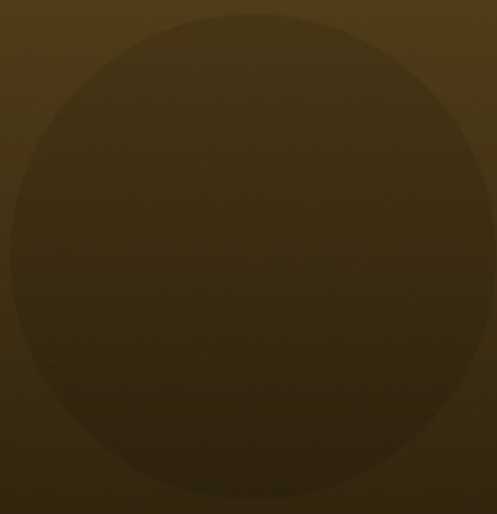


Add to existing contact

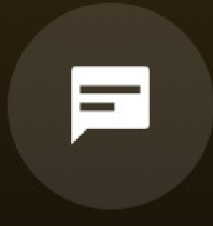


Block and report





MIROSLAV,DIMOSK



4.15.24.

Outgoing call
15:49 (39 sec)

From
(630) 566-2119 (me)

(786) 393-1454
Phone number



Create new contact 

Add to existing contact 

Block and report 



2


SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GLOBAL M TRANSPORT LLC (DOT3695031) **Phone:** (786) 393-1454**Date:** 04/11/24**Address:** 16W475 S FRONTAGE RD STE 226 BURR RIDGE, IL 60527 **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.


Hendrieth, Paul Ivan (Apr 11, 2024 14:36 EDT)


Kristina Milacic (Apr 11, 2024 14:37 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfYjb \ Ug Udd JYX hc 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]WbhUg U dUghYa d'cnYf"K J" nci _]bX mifYd mhc H Jg]bei Jf mifYgdYV]b[H Jg Udd J]Wbh 5g nci k J" fYUX k Uij Yf gUHUX
UVcj YZU" JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

PLEASE BE ADVISED! Mti a UmfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Paul Ivan Hendrieth SSN: 267436718

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](#)

Freight One Inc

Paul Ivan Hendrieth[Re-Send Request](#)Dates Requested: **04-2022** to **12-2022**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **267-43-6718**Date Requested: **04-11-2024**DOB: **10-05-1958**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**[Actual Provide Method](#): **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **04-12-24** [Edit](#) [Delete](#)

Request #: 46774301

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

Request / Response Report

Response Tracking ID: (None)

Request #: 46774301

Freight One Inc

Provided By: **Elena Andonovska**
Title: **(N/A)**
Address: **16W475 S Frontage Road**
City / State / Zip: **Willowbrook, IL 60527**
Email: **safety@freight-one.com**
Phone: **630-519-1040**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)

Requested Subject Information

■ Denotes a value not equal to the Provided value**Paul Ivan Hendrieth**SSN: **xxx-xx-6718**
DOB: **10-05-1958**Date Range Requested: **04-2022** to **12-2022**

Provided Subject Information

■ Denotes a value not equal to original Requested value**Paul Ivan Hendrieth**SSN: **xxx-xx-6718**
DOB: **10-05-1958**Date Range Provided: **08-2022** to **01-2023**

Original Request Information

Provided Information

Position Held	Driver
Reason For Leaving	Quit
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	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?	Yes
Areas Driven	Yes
Equipment Driven	Full Time

Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Reefer Trailer
	Loads Hauled	
	Miles per week	
	Number of States Driven	48
	Trailer Length	53

Activity Log

04-12-2024 06:59 AM - Elena Andonovska (Freight One Inc)

Response added. Request #46774301 status set to "Submitted".

04-11-2024 04:31 PM - Zigi Stamenkovic

Request sent under order #19888180 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: FREIGHT ONE INC (DOT2002349)**Phone:** (630) 519-1040**Date:** 04/11/24**Address:** 16W475 S FRONTAGE RD SUITE 215 BURR RIDGE, IL 60527 **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.


Hendrieth, Paul Ivan (Apr 11, 2024 14:36 EDT)


Kristina Milacic (Apr 11, 2024 14:37 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc 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]WbhUg U dUghYa d'cnYf K J nci J]bX mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh 5g nci k J fYUX k Uij Yf gUHXY
UWcj YZ U JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Paul Ivan Hendrieth SSN: 267436718

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](#)

EB Transport Inc

Paul Ivan Hendrieth[Re-Send Request](#)Dates Requested: **08-2021** to **03-2022**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **267-43-6718**Date Requested: **04-11-2024**DOB: **10-05-1958**[Log Phone Attempt](#)Request Method: **Email**Attempts: **2**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **04-19-24** [Edit](#) [Delete](#)

Request #: 46774334

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

Request / Response Report

Response Tracking ID: (None)

Request #: 46774334

EB Transport Inc

Address: **9923 S. Ridgeland Avenue #208**City / State / Zip: **Chicago Ridge, IL 60415**Email: **ebtransport@outlook.com**Phone: **630-741-4420**

Fax:

Items Requested: **EMP**[Questions about this report?](#)

Requested Subject Information

■ Denotes a value not equal to the Provided value**Paul Ivan Hendrieth**Date Range Requested: **08-2021** to **03-2022**SSN: **xxx-xx-6718**DOB: **10-05-1958**

Provided Subject Information

■ Denotes a value not equal to original Requested value**Paul Ivan Hendrieth**Date Range Provided: **04-2021** to **07-2022**SSN: **xxx-xx-6718**DOB: **10-05-1958**

Original Request Information

Provided Information

Position Held	contractor
Reason For Leaving	PERSONAL
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	No
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
Areas Driven	Yes
Equipment Driven	full
Trailer Driven	OTR

Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	GENERAL FREIGHT
	Miles per week	2000
	Number of States Driven	40
	Trailer Length	53

Activity Log

04-18-2024 09:35 AM -
Response added. Request #46774334 status set to "Submitted".

04-18-2024 04:43 AM - Zigi Stamenkovic
Request Re-sent via Email method(ebtransport@outlook.com)

04-11-2024 04:32 PM - Zigi Stamenkovic
Request sent under order #19888197 via **Email** method. Sent to email address ebtransport@outlook.com

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



4


SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: EB TRANSPORT INC (DOT1836881) **Phone:** (630) 741-4420**Date:** 04/11/24**Address:** 9923 S RIDGELAND AVE UNIT 208 CHICAGO RIDGE, IL 60415 **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.


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Kristina Milacic (Apr 11, 2024 14:37 EDT)

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' U gUZ/magYbg]hij Y' dclg]h'cbZ'Mci f' Z]bX]b['H Y
Udd' J]WbhUg' U dUghYa d'cnyf"K J" nci _]bX' mifYd' m'hc' H Jg]bei Jf mifYgdYV]b['H JgUdd' J]Wbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY
Uvcj YZU" JUV] J]mcZnci 'UbX'nci f' Wda dUbmUg VYYb fY YUgYX Vm'h Y Udd' J]Wbt"

PLEASE BE ADVISED! Mci 'a UmfYd' mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Paul Ivan Hendrieth SSN: 267436718**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: _____



5

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Tutash Express Inc

Phone:

Date: 04/11/24

Address:

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.

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Kristina Milacic (Apr 11, 2024 14:37 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

H Y dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX' h' H Jg Wda dUbmZcf Ya d' cna Ybh]b' U gUZ/magYbg]hij Y' d'cg]h'cbZ' Mti f' Z]bX]b[' H Y Udd' J]WbhUg' U dUghYa d' cnyf"K J" nci _]bX' mfyd' mhc H Jg]bei JfmfygdYV]b[' H JgUdd' J]Wbh' 5g' nci ' k J" fYUX' k U]j Yf gUHXY Uvcj YZU" JUV] J]mcZnci ' UbX' nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' J]Wbt"

PLEASE BE ADVISED! Mti 'a Umfyd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Paul Ivan Hendrieth SSN: 267436718

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 : 09/19/2023 End Date : 11/26/2023☐ 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? resignedWould you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

NoName/Title (of person providing the above information): Nuray Zhanybaeva Safety specialistCompany: Tutash Express incDate: 5/10/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Tutash Express Inc**Phone:****Date:** 04/11/24**Address:****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.

Hendrieth, Paul Ivan (Apr 11, 2024 14:36 EDT)

Kristina Milacic (Apr 11, 2024 14:37 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfYjb \ Ug Udd JYX hc 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]WbhUg U dUghYa d'cnYf"K J" nci _]bX mrfYd mhc H Jg]bei Jf mrfYgdYV]b[H Jg Udd J]Wbh 5g nci k J" fYUX k Uij Yf gUHUX Uvcj YZ U" JUV J]mcZnci UbX nci f Wda dUbm U g VYYb fY YUgYX VmH Y Udd J]Wbt"

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Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____