

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

May 10, 2024

RE: Employee Verification Requests for Luis Millet from CARGO FORCE TRANSPORT INC.

To whom it may concern:

As of April 11, 2024 I have made the following attempts to contact CARGO FORCE TRANSPORT INC in order to verify Luis Millet's employment there.

The first attempt was made on April 11, 2024 when I sent a request at CARGOFORCETRANSPORT@gmail.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 CARGO FORCE TRANSPORT INC 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 Luis Millet

Employment Verifications <ev@royal3inc.com>
To: CARGOFORCETRANSPORT@gmail.com

Thu, Apr 25, 2024 at 9:52 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Luis Millet'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_Millet Luis-3.pdf
895K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Luis Millet


Employment Verifications <ev@royal3inc.com>
To: CARGOFORCETRANSPORT@gmail.com

Thu, Apr 18, 2024 at 11:48 AM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Luis Millet'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_Millet Luis-3.pdf**
895K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Luis Millet

Employment Verifications <ev@royal3inc.com>
To: CARGOFORCETRANSPORT@gmail.com

Thu, Apr 11, 2024 at 11:43 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Luis Millet'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

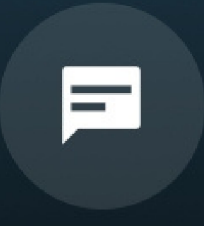


03DQ Royal 3 Inc_Millet Luis-3.pdf

895K



(661) 717-2896



Today

Outgoing call
17:06 (1 min 13 sec)

From
(630) 566-2119 (me)

(661) 717-2896
Phone number



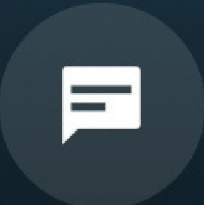
Create new contact 

Add to existing contact 

Block and report 



(661) 717-2896



5.3.24.

Outgoing call

11:16 (49 sec)

From

(630) 566-2119 (me)

(661) 717-2896

Phone number



Create new contact



Add to existing contact

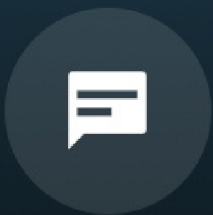


Block and report





(661) 717-2896



4.15.24.

Outgoing call

15:41 (56 sec)

From

(630) 566-2119 (me)

(661) 717-2896

Phone number



Create new contact



Add to existing contact



Block and report







1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CARGO FORCE TRANSPORT INC (DOT4062313) **Phone:** (661) 717-2896**Date:** 04/11/24**Address:** 13409 PROVIDENCE PL BAKERSFIELD, CA 93314 **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.


Millet Luis (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 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' Wbh Ug U dUgh Ya d'cnYf"K J" nci _]bX' mYd' mhc H Jg] bei Jf mYgdYV]b[H Jg Udd' Wbh' 5g' nci 'k J" fYUX'k Uij Yf gUHUX Uvcj YZU" JUV] JmcZnci 'UbX' nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant:

Luis Millet SSN: 767740118

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: _____

The information below reflects the content of the FMCSA management information systems as of **05/09/2024**. **Carrier VMT Outdated.**

USDOT INFORMATION		
Entity Type:	CARRIER	
USDOT Status:	ACTIVE	Out of Service Date: None
USDOT Number:	3518105	State Carrier ID Number:
MCS-150 Form Date:	12/13/2023	MCS-150 Mileage (Year):
OPERATING AUTHORITY INFORMATION		
Operating Authority Status:	NOT AUTHORIZED	
	*Please Note: NOT AUTHORIZED <u>does not apply</u> to Private or Intrastate operations. For Licensing and Insurance details click here .	
MC/MX/FF Number(s):		
COMPANY INFORMATION		
Legal Name:	JG TRUCKING COMPANY LLC	
DBA Name:		
Physical Address:	1343 S ALHAMBRA CIR NAPLES, FL 34103-3209	
Phone:	(239) 687-0920	
Mailing Address:	1343 S ALHAMBRA CIR NAPLES, FL 34103-3209	
DUNS Number:	--	
Power Units:	5	Drivers: 5
Operation Classification:		
<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
Exempt For Hire	Migrant	Local Gov't
Private(Property)	U.S. Mail	Indian Nation
Priv. Pass. (Business)	Fed. Gov't	
Carrier Operation:		
Interstate	Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:		
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"/> SAND AND GRAVEL




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: JG TRUCKING COMPANY LLC (DOT3518105) **Phone:** (239) 687-0920**Date:** 04/11/24**Address:** 1343 S ALHAMBRA CIR NAPLES, FL 34103-3209 **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.


Luis Millet (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

HA Y dYfgcb bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX b H Y
Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H Jg bei J mYfYgdYmJb H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUHX
UWcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

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

Name of Applicant:

Luis Millet SSN: 767740118

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: _____





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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 04/11/24**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.


Luis Millet (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 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 _]bX mrfYd mhc H Jg]bei Jf mrfYgdYV]b[H Jg Udd J]Wbh"5g nci k J" fYUX k Uij Yf gUHUX Uvcj YZU""JUV] JmcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

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

Name of Applicant:

Luis Millet SSN: 767740118

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 : 02/2024 End Date : 03/2024

☐ 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
04/14/2024

Date: _____




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 04/11/24**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.


Luis Millet (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 EDT)

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 J" nci _]bX' mfyd' m' h' g']bei]f mfygdYV]b[H' g' Udd']Wbh' 5g' nci ' k J" fYUX' k Uij Yf g' UH' X
UWcj YZ' U"]UV]]m' cZ' nci ' UbX' nci f' Wda dUbm' Ug' VYYb fY' YUgYX' Vm' h' Y' Udd']Wbh"

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

Name of Applicant:

Luis Millet SSN: 767740118

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: _____




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: THOMAS & THOMAS EXPRESS LLC (DOT3016400) **Phone:** (817) 962-9480**Date:** 04/11/24**Address:** 1300 WOODBINE CLIFF DR FORT WORTH, TX 76179-7131 **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.


Millet Luis (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfYj b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh] b U gUZ/magYbg]hij Y d'cg]hcbZ Mci 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 Uj Yf gUH X Uvcj YZ U JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt

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

Name of Applicant:

Luis Millet SSN: 767740118

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 : 02/2023 End Date : 12/2023

☒ 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: _____
n/aTraffic 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): Tomas Perez

Company: THOMAS & THOMAS EXPRESS LLC

Date: 05/10/2024





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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: THOMAS & THOMAS EXPRESS LLC (DOT3016400) **Phone:** (817) 962-9480**Date:** 04/11/24**Address:** 1300 WOODBINE CLIFF DR FORT WORTH, TX 76179-7131 **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.


Millet Luis (Apr 11, 2024 15:15 EDT)
Kristina Milacic (Apr 11, 2024 15:17 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc 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 _]bX mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh 5g'nci k J" fYUX k Uij Yf gUHXY 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:

Luis Millet SSN: 767740118

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: _____