



Driver iQ

4500 S 129TH EAST AVE SUITE 127.
TULSA, OK 74134-5801
Telephone: (877) 867-2359
Fax: (918) 591-2854

Date Requested: 04/25/2024
Date Completed: 05/17/2024
Date,Time Printed: 05/20/2024, 07:53:57
Client ID: XA33U7
Case Number: 33654430

Candidate Name: Pinzon Arrillaga, Bryan A

Current Address:
UNITED STATES

Email:

Phone Number:

Employment History Report

INVESTIGATIVE DETAIL

SingleCheck Employment Verification

Completed:05/17/2024 04:35

Type:15005 - STANDARD

Description:SingleCheck Employment Verification

CARRIER INFORMATION:USDOT# :53467

WERNER ENTERPRISES INC

AKA : WERNER ENTERPRISES

AKA : WERNER ENTERPRISES/DRIVERS MANAGEMENT

PO BOX 45308PHONE :402-895-6640

OMAHA NE 68145-0308

CARRIER TYPERECORD AVAILABILITY

LAST CARRIER UPDATE : 05/16/2024

DRIVER RECORDS SINCE: 01/01/2010

ACCIDENT/INCIDENT AVAILABLE : YES

CURRENT DRIVER AVAILABLE : NO

ADDITIONAL NOTES:

NON-FMCSA DOT REGULATED EMPLOYERS (FAA/FTA/FRA/PHMSA/USCG) FOR DRUG AND ALCOHOL RECORDS WILL NEED TO CONTACT WERNER ENTERPRISES DIRECTLY VIA EMAIL AT DRIVERVERIFICATIONREQUESTS@WERNER.COM AND JEWILLIAMS@WERNER.COM FOR FMCSA REGULATED EMPLOYERS - EMPLOYERS MUST USE THE FMCSA DRUG & ALCOHOL CLEARINGHOUSE TO OBTAIN THE RESULTS OF DOT DRUG OR ALCOHOL TESTS OR REFUSALS CONDUCTED UNDER THE AUTHORITY OF 49 CFR PART 382.

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DRIVER INFORMATION:

NAME : PINZON ARRILLAGA, BRYAN ASSSN : XXX-XX-XXXX

PHONEDOB : 11/25

ADDRESS : NO ADDRESS ON FILE

EQUIP TYPE : VAN

LOADS HAULED : GENERAL FREIGHT

DRIVER EXP : OVER THE ROAD

WORK DETAIL

FROM TO COMPANY : WERNER ENTERPRISES

08/28/2023 02/20/2024 POSITION : DRIVER

REASON FOR LEAVING : UNACCEPTABLE SAFETY RECORD

VOL / INVOL : INVOLUNTARY

ELIGIBLE FOR REHIRE: NO

=====

ACCIDENT/INCIDENT DETAIL : 0 ACCIDENT/INCIDENT RECORDS REPORTED FOR DRIVER.

***** *END OF REPORT* *****




1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: WERNER TRUCKING LLC (DOT3647325) **Phone:** (617) 780-6732**Date:** 04/19/24**Address:** 134 ALLEN ST RANDOLPH, MA 02368**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.


Bryan A Pinzon Arrillaga (Apr 19, 2024 12:46 EDT)
Kristina Milacic (Apr 19, 2024 12:47 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHj Y d'cgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H g bei J mYgdYV M b H g Udd J Wbh 5g nci k J fYUX k Uj Yf g UH X Uvcj 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 Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Bryan A Pinzon Arrillaga **SSN:** 768627429**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](#)

Gestalt Logistics

Bryan A Pinzon Arrillaga[Re-Send Request](#)Dates Requested: **05-2023** to **08-2023**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **768-62-7429**Date Requested: **04-19-2024**DOB: **11-25-1993**[Log Phone Attempt](#)Request Method: **Network**Attempts: **3**[Actual Provide Method](#): **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **05-02-24** [Edit](#) [Delete](#)

Request #: 46910597

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

Request / Response Report

Response Tracking ID: (None)

Request #: 46910597

Gestalt Logistics

Provided By: **Aneika Webster**Title: **(N/A)**

Address:

City / State / Zip: **Charlotte, NC**Email: **gestaltlogistics.cm@gmail.com**

Phone:

Fax:

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

Requested Subject Information

■ Denotes a value not equal to the Provided value**Bryan A Pinzon Arrillaga**Date Range Requested: **05-2023** to **08-2023**SSN: **xxx-xx-7429**DOB: **11-25-1993**

Provided Subject Information

■ Denotes a value not equal to original Requested value**Bryan A Pinzon**Date Range Provided: **04-2023** to **08-2023**SSN: **xxx-xx-7429**DOB: **11-25-1993**

Original Request Information

Provided Information

Position Held	Position Held	OTR Driver
Reason For Leaving	Reason For Leaving	driver quit
Driver Class	Driver Class	Company
Driver Type	Driver Type	Team
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	2000+
	Number of States Driven	
	Trailer Length	53'

Activity Log

05-15-2024 02:19 PM - Aneika Webster (Gestalt Logistics)
Response added. Request #46910597 status set to "Submitted".
05-01-2024 02:51 PM - Zigi Stamenkovic
Request Re-sent via Network method
04-25-2024 03:03 PM - Zigi Stamenkovic
Request Re-sent via Network method
04-19-2024 01:01 PM - Zigi Stamenkovic
Request sent under order #19939505 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



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GESTALT LOGISTICS INC (DOT3328830) **Phone:** (347) 546-1424**Date:** 04/19/24**Address:** 10130 MALLARD CREEK ROAD STE 348 CHARLOTTE, NC 28262 **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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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 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! Mti a UmYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

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