

- CONFIDENTIAL -

Date: 05/28/24

Company: MIRELA'S COMPANY INC (DOT3176429) Phone: (773) 900-4455

Address: 2980 BANBURY LN LAKE IN THE HILLS, IL 60156 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.

Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company repi	resentative
Dear Personnel Manager	- F- 7 - F	
The person named herein has applied to this c applicant as a past employer. Will you kindly I		
above, all liability of you and your company h	as been released by the applicant.	
<u>PLEASE BE ADVISED!</u> You may reply by FAX +	1 630 485 6980 or e-mail: safety@	royal3inc.com.
Name of Applicant: Osorio, Silvio Gab	oriel <i>SSN:</i> 770927211	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No	
If employed as a driver, please answer the following	g: Start Date : $\frac{3/3/21}{1/14/22}$ $\frac{11/1/2}{11/12}$	$\frac{3}{2}$ End Date : $\frac{10/17/21}{3/31/22}$ $\frac{5/17/24}{5/17/24}$
✓ Company Driver □ Owner/Operator □ Oth	ner?	
Type of tractor operated:semi	Type of trailer pulled: 53 semi trailer	
Other equipment operated:	Commodities operated:	
Accidents: Yes No If yes, please give the		
recidents. — Tes — To II yes, please give the	ie date and brief description of each ac	
Traffic Violations: Yes No If yes, pleas	se list all including the date and type of	violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SU	JBSTANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	Yes x No If yes, please give	date:
Verified positive controlled substances test results?	Yes No If yes, please give	date:
Refusals to be tested?	Yes X 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 y	yes, please explain:	
Why did this employee leave your company? <u>could</u>	dn't meet the targets for our company	
Nould you re-employee this person? Yes	No If no, please explain: only if he can	n meet our target goals
Additional comments: (Any problems with customer	r relations, supervision, or abuse of equ	ipment?
Additional comments: (Any problems with customer		ipment?

Royal3 Inc.

5/31/24



- CONFIDENTIAL -

Date: 05/28/24

Company: MIRELA'S COMPANY INC (DOT3176429) Phone: (773) 900-4455

Address: 2980 BANBURY LN LAKE IN THE HILLS, IL 60156 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.

from any and all liable type as a result of providing the following i	nformation to the below mentioned person and/or company.
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
8YUf DYfgcbbY A UbU[Yf H\Y dYfgcb bUa YX \YfY]b \Ug'Udd]YX hc H\]g Wa dUbmZcf	
Name of Applicant: Osorio, Silvio Gabriel SSN: 77	70927211 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 Dat Company Driver Owner/Operator Other?	e : End Date :
Type of tractor operated: Type of tr	railer pulled:
Other equipment operated: Commodition	es operated:
Accidents: Yes No If yes, please give the date and be	rief description of each accident:
Traffic Violations: Yes No If yes, please list all include	ding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	INFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results?	No If yes, please give date:
Refusals to be tested?	No If yes, please give date:
Rehab completed under direction of SAP/MRO?	No If yes, please give date:
	plain:
Would you re-employee this person? Yes No If no, pl	lease explain:
Additional comments: (Any problems with customer relations, su	pervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	



- CONFIDENTIAL -

Date: 05/28/24

Company: STAR TRANSPORTATION PA INC (DOT1437731) Phone: (267) 397-8040

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 republication

Applicant's Signature BYUF DYfg:bbY 'A UbU[Yf HAY'dYfg:b bUs YX YYf]'s \Ugudd]YX hc h]g Wa dUbmizef Ya d'cna Ybh]'b Uguz/mhg/bg h] Y dcg h]cbz/Mt f 7jbX b [h No Yfg:b bUs YX YYf]'s \Ugudd]YX hc h]g Wa dUbmizef Ya d'cna Ybh]'b Uguz/mhg/bg h] Y dcg h]cbz/Mt f 7jbX b [h No Yfg:b bUs YX YYf]'s \Ugudd]YX hc h]g Wa dUbmizef Ya d'cna Ybh]'b Uguz/mhg/bg h] Y dcg h]cbz/Mt f 7jbX b [h No Yfg:b bUs Yx f Yudf YMb] Yfg Udd]YMbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd]YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g Udd [YmbH' Sgmei k] 'FYUX k U] Yf g U	Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)		Kristina Milacic (Ma	ay 29, 2024 15:19 EDT)
HAY dYTGOD DUA YAY YNT JD AUGURD TYX TO HIS QWEA ALLOMACET YE AT CIMEN YOUNG JUNCTHOUGH JAY DEADLY JUNCTHOUGH JAY DEADLY JOY HIS QWEATH TO THE JOY HIS GROWN HIS TOWN HE TAY DEADLY AND THE YOUNG YOUNG YOUNG JUNCTHOUGH JAY DEADLY JOY HIS GROWN HE TAY DEADLY JOY HIS GROWN HIS GR	Applicant's Signature		Company repre	esentative
Did the Applicant work for you as a driver: X Yes No If No, please explain:	H\Y`dYfgcb bUa YX`\YfY]b`\Ug`Udd`]YX`hc`h\]g`Wfa Udd`]WfbhUg`U`dUghYa d`cnYf"K]``nci `_]bX`mfYd` UVcj YžU```]UV]`]hmcZnci `UbX`nci f`Wfa dUbm\Ug`\	`mhc h\]g]bei]fm VYYb fY`YUgYX Vm	fYgdYVMjb["h\]g h\YUdd`]VWbt"	Udd`]Wooh"5ginoci k]``fYUXkU]jYfg
If No, please explain:	Name of Applicant: Osorio, Silvio Gabrie	el <i>ssn:</i> 7709272	11	Job Applying For: OTR Driver
XCompany Driver Owner/Operator Other? Type of tractor operated: TRACTOR-TRAILER Type of trailer pulled: Other equipment operated:	If No, please explain:			
Commodities operated:				
Accidents: Yes No If yes, please give the date and brief description of each accident:	Type of tractor operated: TRACTOR-TRAILER	Type of trailer pulle	ed:	
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 \ X No \ If yes, please give date: \ Yerified positive controlled substances test results? \ Yes \ X No \ If yes, please give date: \ Yes \ X No \ If yes, please give date: \ Yes \ X No \ If yes, please give date: \ Yes \ X No \ If yes, please give date: \ Yes \ X No \ If yes, please give date: \ Yes \ X No \ If yes, please give date: \ Yes \ Ye	Other equipment operated: (Commodities operat	ed:	
Alcohol tests with a result of 0.04 or greater?	Accidents: Yes X No If yes, please give the d	late and brief descri	iption of each acc	cident:
Alcohol tests with a result of 0.04 or greater?	Fraffic Violations: ☐ Yes ☐ No If yes, please li	ist all including the o	date and type of v	violation:
Verified positive controlled substances test results? Yes No If yes, please give date: Yes No If yes, please explain: Yes No If yes, please explain: Yes No If no, please explain: Yes No If no, please explain:	INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	STANCES INFORM	IATION	
Refusals to be tested?	Alcohol tests with a result of 0.04 or greater?	Yes X No If	yes, please give o	date:
Rehab completed under direction of SAP/MRO?	/erified positive controlled substances test results?	Yes X No If	yes, please give o	date:
Any problems with bonding? Yes No If yes, please explain:	Refusals to be tested?	Yes X No If	yes, please give o	date:
Why did this employee leave your company?	Rehab completed under direction of SAP/MRO?	Yes No If	yes, please give o	date:
Nould you re-employee this person? Yes No If no, please explain:	Any problems with bonding? Yes No If yes,	, please explain:		
	Why did this employee leave your company?			
Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?	Nould you re-employee this person? Yes No	If no, please exp	lain:	
				· · · · · · · · · · · · · · · · · · ·



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completion under direction of SAP/MRO) to each and every compan- connection with my application for employment company, I hereby in from any and all liable type as a result of providing the following info	release this company, and its employees, officers, directors, and agents
Trom any and an nable type as a result of providing the following into	officiation to the below mentioned person and/or company.
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
8YUf DYfgcbbY`A UbU[Yf H\Y'dYfgcb bUa YX`\YfY]b`\Ug'Udd`]YX`hc h\]g'Wa dUbmZcf Ya Udd`]WIbhUg'U'dUghYa d`cmYf'''K]``nci _]bX`mfYd`mhc h\]g']b UVcj Yž'U```]UV]]ImcZnci 'UbX`nci f Wa dUbm\Ug'VYYb fY`YUg PLEASE BE ADVISED! Mci 'a UmfYd`mby FAX +1 630 485 698	oei]fmfYgdYVM[b["h\]g'Udd`]VMbH"5g'noci k]``fYUX kU]jYf`ghUhYX gYX Vmh\Y'Udd`]VMbt"
Name of Applicant: Osorio, Silvio Gabriel SSN: 770	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	
Company Driver Owner/Operator Other?	
Type of tractor operated: Type of trail	iler pulled:
Other equipment operated: Commodities	operated:
Accidents: \square Yes \square No \square If yes, please give the date and brie	f description of each accident:
Traffic Violations: Yes No If yes, please list all including	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes No If yes, please expla	ain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, plea	ase explain:
Additional comments: (Any problems with customer relations, supe	rvision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	
Company:	



- CONFIDENTIAL -

Date: 05/28/24

Company: R G UNION LLC (DOT3824253)

Address: 7942 BOLES RD ODESSA, TX 79764

Phone: (954) 324-5488

Fax:

3

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.

from any and all liable type as a result of providing the	following information	to the below mentioned pe	rson and/or company.
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)		Kristina Milacic (May 29, 2024 15:19	EDT)
Applicant's Signature		Company representative	
8YUF DYfgcbbY`A UbU[Yf H\Y'dYfgcb bUa YX\YfY]b`\Ug'Udd`]YX hc h\]g'Wa Udd`]WabhUg'U'dUghYa d`cmYf"K]``nci `_]bX`mfYd' UVcj YžU```]UV]`]hmcZnci 'UbX'nci f Wa dUbm\Ug\ PLEASE BE ADVISED! Nci a UmfYd`mby FAX +1 6	`mhc h\]g]bei]fmf\ VYYb fY`YUgYX Vmh	/gdYVM]b[`H\]g'Udd`]VWbH' \Y'Udd`]V W bt''	5g mocik]``fYUXkU]jYfgHUHYX
Name of Applicant: Osorio, Silvio Gabrie	el <i>ssn:</i> 77092721	1 Job App	olying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No		
If employed as a driver, please answer the following: \square Company Driver \square Owner/Operator \square Other?		2022 End Date	
Type of tractor operated:	Type of trailer pulle	d:	
Other equipment operated: (Commodities operate	d:	
Accidents: \square Yes $igvee$ No $\ $ If yes, please give the d	late and brief descrip	tion of each accident:	
Traffic Violations: Yes Yo If yes, please li	st all including the d	ate and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	STANCES INFORMA	ATION	
Alcohol tests with a result of 0.04 or greater?	Yes V No If y	es, please give date:	
Verified positive controlled substances test results?	Yes 1 No If y	es, please give date:	
Refusals to be tested?	Yes W No If y	es, please give date:	
Rehab completed under direction of SAP/MRO?	Yes V No If y	es, please give date:	
Any problems with bonding? Yes No If yes,			
Why did this employee leave your company?			
Would you re-employee this person? ✓Yes ☐ No	If no, please expla	ain:	
Additional comments: (Any problems with customer rel	lations, supervision,	or abuse of equipment?	
Name/Title (of person providing the above information) Company: R G Union LLC Date: 05/31/2024		io	



- CONFIDENTIAL -

Date: 05/28/24

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Address: 7942 BOLES RD ODESSA, TX 79764

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	R—
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
	Zcf Ya d`cna Ybh]b`U`gUZYm\gYbg]h]j Y`dcg]h]cbžMti f`Z]bX]b['h\Y .]g`]bei]fmfYgdYM]b['h\]g`Udd`]WIbH"5g`nci 'k]``fYUX`k U]j Yf`ghUhYX f`YUgYX`Vmh\Y`Udd`]WIbt'' 5 6980 or e-mail: safety@royal3inc.com.
Name of Applicant: Osorio, Silvio Gabriel SSN:	770927211 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	Date : End Date :
Type of tractor operated: Type o	f trailer pulled:
Other equipment operated: Commod	dities operated:
Accidents: Yes No If yes, please give the date and	I brief description of each accident:
Traffic Violations: Yes No If yes, please list all inc	cluding the date and type of violation: ES INFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results? Yes	No If yes, please give date:
Refusals to be tested?	No If yes, please give date:
Rehab completed under direction of SAP/MRO?	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:	

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

June 28, 2024

RE: Employee Verification Requests for Silvio Gabriel Osorio from Team Llanos Inc.

To whom it may concern:

As of May 28, 2024 I have made the following attempts to contact Team Llanos Inc in order to verify Silvio Gabriel Osorio's employment there.

The first attempt was made on June 6, 2024 when I sent a request at TEAMLLANOS26@gmail.com which was recommended by safety person when I reached out through phone to their office.

On June 10, 2024 I re-sent request completing the second attempt and on June 17, 2024 I have made a third and final attempt. A formal response from Team Llanos Inc was never received.

Sincerely,

Kristina Milacic

for



Employment Verification for Silvio Gabriel Osorio

Employment Verifications <ev@royal3inc.com> To: TEAMLLANOS26@gmail.com

Mon, Jun 17, 2024 at 1:43 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Silvio Gabriel Osorio'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

Team Llanos Inc, Osorio Silvio Gabriel.pdf



Employment Verification for Silvio Gabriel Osorio

Employment Verifications <ev@royal3inc.com> To: TEAMLLANOS26@gmail.com

Mon, Jun 10, 2024 at 12:31 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Silvio Gabriel Osorio'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

Team Llanos Inc, Osorio Silvio Gabriel.pdf



Employment Verification for Silvio Gabriel Osorio

Employment Verifications <ev@royal3inc.com>
To: TEAMLLANOS26@gmail.com

Thu, Jun 6, 2024 at 10:59 PM

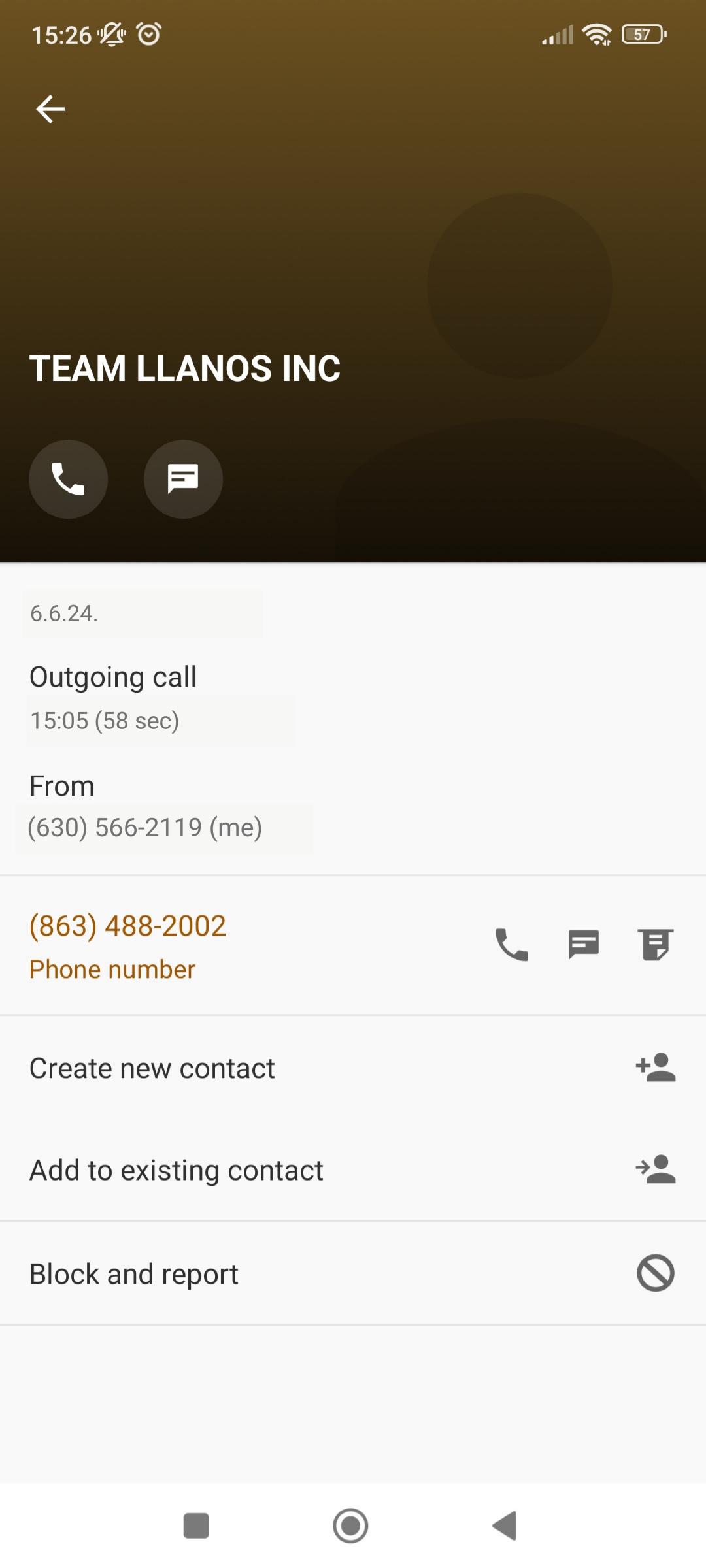
Hello,

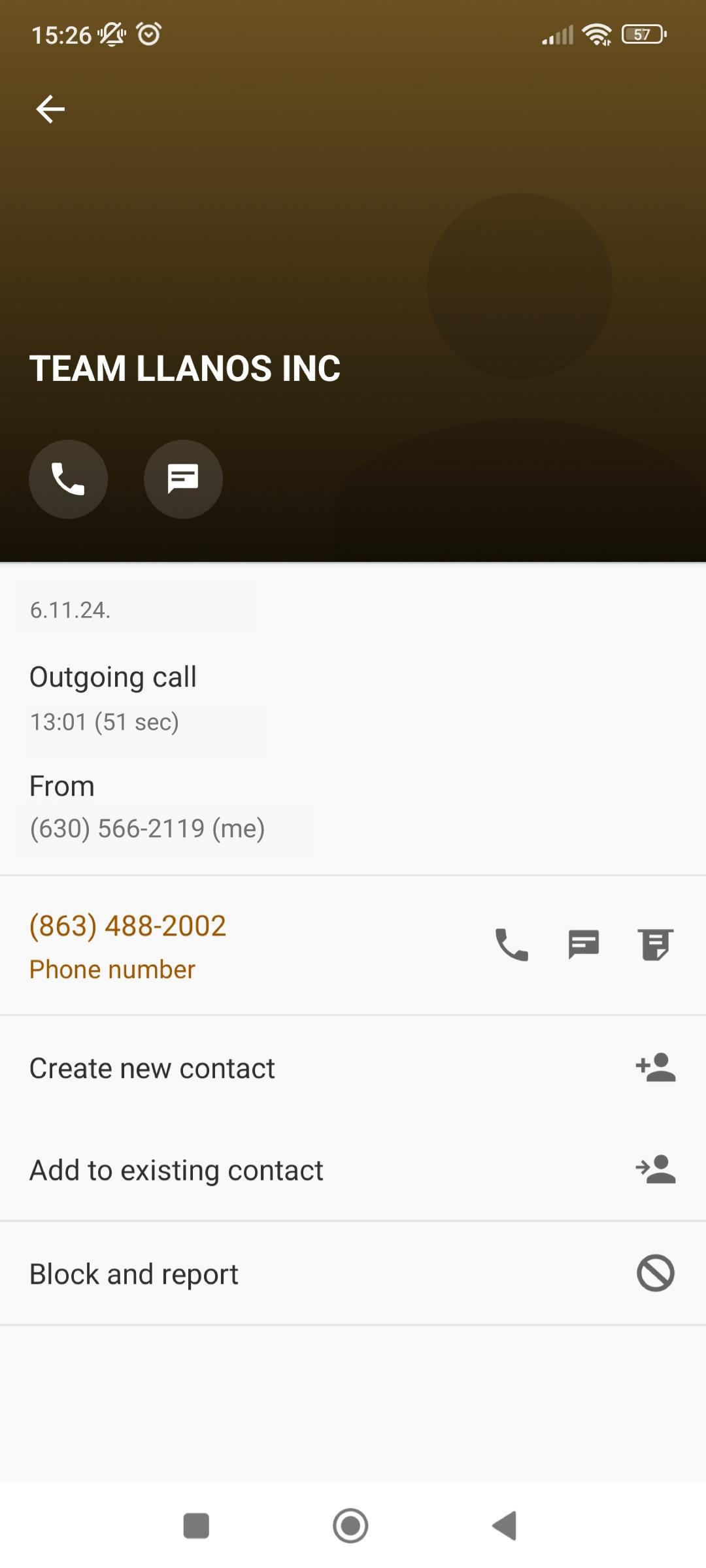
I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Silvio Gabriel Osorio's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

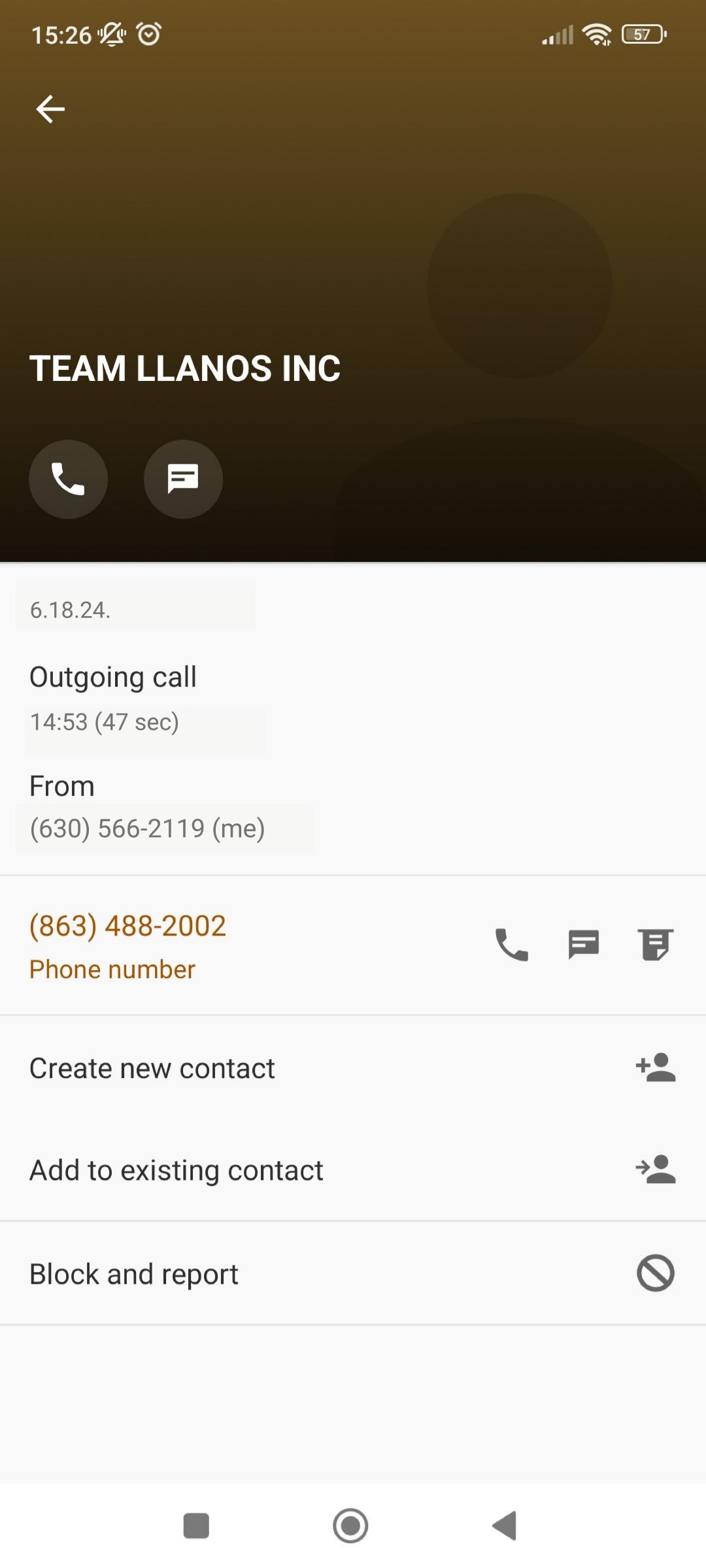
Sofia

HR Department
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
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p. 630-566-2119
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e. ev@royal3inc.com

Team Llanos Inc, Osorio Silvio Gabriel.pdf









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Date: 05/28/24 Company: Team Llanos Inc Phone: 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. Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT) Company representative Applicant's Signature 8YUf DYfqcbbY A UbU[Yf HNY dYfgcb bUa YX'NYfY]b NUg Udd`]YX hc hN]g Waa dUbmZcf Ya d`cna Ybh]b U gUZYmhgYbgjhji Y degjhjebžiMci f ZjbX]b[hNY Udd`]WWohUgU'dUghYa d`cnYf"K]``noti _]bX`nnfYd`nnhc'h\]g']bei]fnnfYgdYWMJb['h\]g'Udd`]WWoH'5gnoti k]``fYUX kU]jYfghUhYX UVcj YžU```]UV]]ImrcZnci 'UbX'nci f Wa dUbm\ Ug'VYYb fY`YUgYX VmH\ Y'Udd`]Wbt" PLEASE BE ADVISED! Mci 'a UmfYd'mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com. Osorio, Silvio Gabriel *SSN:* 770927211 Job Applying For: OTR Driver Name of Applicant: Did the Applicant work for you as a driver: Yes Nο If No, please explain: ___ If employed as a driver, please answer the following: Start Date : ______ End Date : _____ Other? Company Driver Owner/Operator 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: _____ No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: _____ Any problems with bonding? If yes, please explain:___ Yes No 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: __