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Zero Max Inc

**Ernsy Jean Charles**[Re-Send Request](#)Dates Requested: **01-2022** to **02-2024**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**

SSN:

Date Requested: **07-31-2024**DOB: **09-08-1980**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **08-01-24** [Edit](#) [Delete](#)**Request #:** 48601169[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

**Request #:** 48601169**Zero Max Inc**

Provided By: **Khusnora Makhkamova**  
Title: **(N/A)**  
Address: **1540 E DUNDEE RD STE 220**  
City / State / Zip: **PALATINE, IL 60074**  
Email: **safety@zeromaxinc.com**  
Phone: **708-654-4626**  
Fax:  
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**■ Denotes a value not equal to the Provided value**Ernsy Jean Charles**SSN: **xxx-xx-**  
DOB: **09-08-1980**Date Range Requested: **01-2022** to **02-2024****Provided Subject Information**■ Denotes a value not equal to original Requested value**Ernsy Jean Charles**SSN: **xxx-xx-**  
DOB: **09-08-1980**Date Range Provided: **09-2022** to **01-2024****Original Request Information****Provided Information**

Position Held	Driver
Reason For Leaving	<b>VOLUNTARY</b>
Driver Class	<b>Lease Purchase</b>
Driver Type	<b>Team</b>
Was the driver Terminated?	<b>No</b>
Was the driver subject to FMCSRs while employed?	<b>Review</b>
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?	<b>Yes</b>
Areas Driven	<b>Yes</b>
Equipment Driven	<b>full time</b>

Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	GEN FREIGHT
	Miles per week	N/A
	Number of States Driven	48
	Trailer Length	53'

### Activity Log

07-31-2024 02:58 PM - Khusnora Makhkamova (Zero Max Inc)

Response added. Request #48601169 status set to "Submitted".

07-31-2024 11:19 AM - Zigi Stamenkovic

Request sent under order #20586521 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](mailto:drivers@tenstreet.com)





1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** ZERO MAX INC (DOT2979800)**Phone:** (630) 423-7227**Date:** 07/30/24**Address:** 1540 E DUNDEE RD STE 220 PALATINE, IL 60074 **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.

  
Jean Charles Ernsy (Jul 30, 2024 15:59 EDT)  
Kristina Milacic (Jul 30, 2024 16:00 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 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](mailto:safety@royal3inc.com).

Name of Applicant: Jean Charles Ernsy SSN: 766348689

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:** MG LOGISTICS INC (DOT1346846)**Phone:** (847) 621-3399**Date:** 07/30/24**Address:** 10505 DELTA PKWY SCHILLER PARK, IL 60176 **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.

Jean Charles Ernsy (Jul 30, 2024 15:59 EDT)

Kristina Milacic (Jul 30, 2024 16:00 EDT)

Applicant's Signature

Company representative

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H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y d'cgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnyf K J nci J bX mfyd mhc H g bei J mfygdYV M b H g Udd J Wbh 5g nci k J fYUX k Uij Yf g UH YX 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](mailto:safety@royal3inc.com).

Name of Applicant: Jean Charles Ernsy SSN: 766348689

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 : 08/16/21 End Date : 01/21/22

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Tractor-Trailer Type of trailer pulled: Dry van

Other equipment operated: \_\_\_\_\_ Commodities operated: General freight

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? quit without notice

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: UR

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

Name/Title (of person providing the above information): Olesia S.

Company: MG Logistics

Date: 07/31/24




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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

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If No, please explain: \_\_\_\_\_

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☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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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: \_\_\_\_\_