1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST	
- CONFIDENTIAL -	
Company: MARATHON XPRESS INC (DOT2157427) Phone: (305) 381-5155 Date: 08/21/24 Address: 2621 SW 132ND AVE MIAMI, FL 33175 Fax: Fax: 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.	
Harris Constant (Aug 21, 2024 13:04 EDT) Kristina Milacic (Aug 21, 2024 13:05 EDT)	
Applicant's Signature Company representative	-
Dear Personnel Manager	
The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.	
Name of Applicant:Cruz Sanchez Jose RaulSSN: 599147584Job 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 : 04/30/2024 End Date : 08/28/2024	
Company Driver Owner/Operator Other?	
Type of tractor operated: <u>Sleepen</u> Type of trailer pulled: <u>Lecten</u>	
Other equipment operated: NONC Commodities operated: RODOCC	
Accidents: Yes Yes If yes, please give the date and brief description of each accident:	
·	
Traffic Violations: Yes TNo 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 I No If yes, please give date:	
Verified positive controlled substances test results? Yes In very set of the set of the set of the very set of the set of	
Refusals to be tested?	
Rehab completed under direction of SAP/MRO?	
Any problems with bonding? Yes No If yes, please explain:	
Why did this employee leave your company? He wanted to wate somewhere else	
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): JUAN SAGAZ g H=R Analyst Company: Malahon Xpless Inc. Date:	

	1	SAFETY PERFOR	MANCE HISTORY
		RECORDS	REQUEST
		- CONFI	DENTIAL -
Company: MARATHON XPRESS INC (DOT21574	27) Phone: (205)		<i>Date:</i> 08/21/24
Address: 2621 SW 132ND AVE MIAMI, FL 33175	5 Fax:	381-5155	
I hereby authorize this company to release all records of emp dates of any and all alcohol or drug tests, those confirmed re completion under direction of SAP/MRO) to each and every of connection with my application for employment company, I h from any and all liable type as a result of providing the follow	esults, and/or my refus company(their authori nereby release this con	ing to any alcohol or drug te zed agents) which may requ npany, and its employees, of	ests and any rehabilitation est such information in ficers, directors, and agents
Conz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)	Kris	tina Milacic (Aug 21, 2024 13:05 EDT)	
Applicant's Signature		pany representative	
8YUf DYfgcbbY`A UbU[Yf	Com	,	
H\Y'dYfgcb bUa YX`\YfY]b`\Ug'Udd`]YX`hc'h`]g'Vda dUbu Udd`]Wlbh'Ug'U'dUghYa d`cnYf"'K]``nei]bX`mfYd`mhc UVcj Yž'U```]UV]`]hmcZnei 'UbX`nei f`Vda dUbm\Ug'VYYb <u>PLEASE BE ADVISED!</u> ' Nei 'a UmfYd`mby FAX +1 630 4	h\]g]bei]fmfYgdYVk fY`YUgYX Vmh\Y Udo]b[`h\]g`Udd`]\Wbh'`5g`nci `]\Wbt''	
Name of Applicant: Cruz Sanchez Jose Raul 55	w: 599147584	Job Applying F	or: 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: Star	rt Date :	End Date :	
Company Driver Owner/Operator Other?			
Type of tractor operated: Type	e of trailer pulled:		
Other equipment operated: Comm	nodities operated:		
Accidents: Yes No If yes, please give the date a	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 SUBSTAN	ICES INFORMATION		
Alcohol tests with a result of 0.04 or greater?	No If yes, ple	ase give date:	
Verified positive controlled substances test results?	No If yes, ple	ase give date:	
Refusals to be tested?	No If yes, ple	ase give date:	
Rehab completed under direction of SAP/MRO?	No If yes, ple	ase give date:	
Any problems with bonding? Yes No If yes, plea	se 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 relation	ns, supervision, or abus	e of equipment?	
Name/Title (of person providing the above information):			
Company:			
Date:			





Employment Verification for Jose Raul Cruz Sanchez

Andrey N <paragonfreightllc@gmail.com> To: Employment Verifications <ev@rtbrz.com> Mon, Aug 26, 2024 at 6:06 PM

You got the wrong company, I don't know a Jose

On Mon, Aug 26, 2024 at 9:04 AM Employment Verifications <ev@rtbrz.com> wrote: Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Jose Raul Cruz Sanchez's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you.

Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119 Email: <u>ev@rtbrz.com</u>

		2	SAFETY PERFOR	MANCE HISTORY
		-		REQUEST
				1220201
			- CONFI	DENTIAL -
Company: PARAGON FREIGHT LLC (DC	DT4069746) F	Phone: (206	6) 355-7425	<i>Date:</i> 08/21/24
Address: 13336 SE 308TH CT AUBURN,		Fax:		
I hereby authorize this company to release all rec dates of any and all alcohol or drug tests, those of completion under direction of SAP/MRO) to each connection with my application for employment of from any and all liable type as a result of providin	onfirmed results, a and every compan ompany, I hereby	and/or my re y(their auth release this o	fusing to any alcohol or drug te orized agents) which may requ company, and its employees, of	ests and any rehabilitation est such information in ficers, directors, and agents
Car Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)		-	ristina Milacic (Aug 21, 2024 13:05 EDT)	
			-	
Applicant's Signature		Со	mpany representative	
8YUf DYfgobbY`A UbU[Yf H\YdYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\] Udd`]WIbhUg'U'dUghYa d`onYf"K]``nci _]bX` UVoj YžU```]UV]]ImnoZnci 'UbX`nci f`Vta dUbn <u>PLEASE BE ADVISED!</u> Nci 'a UmfYd`mby FAX	mfYd`mhc`h\]g`]b i\Ug`VYYb`fY`YUg	ei]fmfYgd\ YX`Vmh\Y`U	WMgb[`h\]g`Udd`]Wbhl'5g`nci dd`]Wbt''	
Name of Applicant: Cruz Sanchez Jose	Raul <i>ssn:</i> 599	147584	Job Applying F	or: OTR Driver
Did the Applicant work for you as a driver: Ye If No, please explain:				
If employed as a driver, please answer the follow	ing: Start Date	:	End Date :	
Company Driver Owner/Operator	Other?			
Type of tractor operated:	Type of trai	ler pulled:		
Other equipment operated:	Commodities	operated: _		
Accidents: Yes No If yes, please give	e the date and brie	f description	of each accident:	
Traffic Violations: Yes No If yes, pl	ease list all includir	ng the date a	nd type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED				
-				
Alcohol tests with a result of 0.04 or greater?		, , ,	blease give date:	
Verified positive controlled substances test results			blease give date:	
Refusals to be tested?	Yes No		blease give date:	
Rehab completed under direction of SAP/MRO?	Yes No	, , ,	blease give date:	
Any problems with bonding? Yes No	If yes, please expl	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 custor	ner relations, supe	rvision, or at	ouse of equipment?	
Name/Title (of person providing the above inform	nation):			
Company:				
Date:				

08-27-24;03:42PM;From:	To:16304856980	;4142038888 # 1/
	RE	ERFORMANCE HISTORY CORDS REQUEST
	- (CONFIDENTIAL -
Company: ROGERS CARTAGE CO (DOT10424 Address: 611 S 28TH STREET MILWAUKEE, W		<i>Date:</i> 08/21/24
I hereby authorize this company to release all records dates of any and all alcohol or drug tests, those confirr completion under direction of SAP/MRO) to each and e connection with my application for employment compa from any and all liable type as a result of providing the	of employment, including assessments of my ned results, and/or my refusing to any alcoho very company(their authorized agents) which ny, I hereby release this company, and its er	of or drug tests and any rehabilitation may request such information in polycess, officers, directors, and agents
	Kristina Milacle (Aug 21, 2024	4 13:05 EDT)
Applicant's Signature	Company representati	
Dear Personnel Manager The person named herein has applied to this con applicant as a past employer. Will you kindly rep above, all liability of you and your company has l <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 (ly to this inquiry respecting this applica seen released by the applicant.	nt. As you will read walver stated
Name of Applicant: Cruz Sanchez Jose Raul	55N: 599147584 Job	Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes	No	
If employed as a driver, please answer the following:		Date : <u>2(23</u>
Type of tractor operated:	Type of trailer pulled: <u>Tank</u>	
Other equipment operated; 0	Commodities operated: <u>Buik</u>	_
Accidents: 🛄 Yes 🔀 No If yes, please give the c	ate and brief description of each accident:	
Traffic Violations: Yes XINo If yes, please li	st all including the date and type of violation:	A 400
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	Yes 🗍 No 🛛 If yes, please give date:	
Verified positive controlled substances test results?		
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?Vol	ontary	
Would you re-employee this person? 🛄 Yes 🛛 🛄 No	If no, please explain: <u>TREVIEW</u>	Needed
Additional comments: (Any problems with customer rel	ations, supervision, or abuse of equipment?	NA
Name/Title (of person providing the above information) Company: Tankstur USA Date: 08/27/24	Max Raver, HR	Assistant

	3	SAFETY PERF	ORMANCE HISTORY	
	-	RECOR	DS REQUEST	
		- CON	FIDENTIAL -	
Company: ROGERS CARTAGE CO (DOT10424)	(800) 338-5699	<i>Date:</i> 08/21/24	
Address: 611 S 28TH STREET MILWAUKEE, W				
I hereby authorize this company to release all records of dates of any and all alcohol or drug tests, those confirm completion under direction of SAP/MRO) to each and ex- connection with my application for employment compar- from any and all liable type as a result of providing the	ned results, and/or m very company(their a ny, I hereby release th	y refusing to any alcohol or dru authorized agents) which may r his company, and its employee	ug tests and any rehabilitation request such information in s, officers, directors, and agents	
Gar Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)		Kristina Milacic (Aug 21, 2024 13:05 ED	_	
Caz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)			Т)	
Applicant's Signature		Company representative		
UVcj YžU```]UV]`]hmcZnci `UbX`nci f`Wda dUbm\Ug\ <u>PLEASE BE ADVISED!</u> Mti `a UmfYd`mby FAX +1 6 Name of Applicant: Cruz Sanchez Jose Raul	530 485 6980 or e-	mail: safety@rtbrz.com.	ng 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:	Start Date :	End Date : _		
Company Driver Owner/Operator Other?	·			
Type of tractor operated:	Type of trailer pulled	d:		
Other equipment operated: 0	Commodities operate	d:		
		tion of each accident:		
Traffic Violations: Yes No If yes, please li	st all including the da	ate and type of violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	STANCES INFORMA	TION		
Alcohol tests with a result of 0.04 or greater?	Yes No If ye	es, please give date:		
Verified positive controlled substances test results?	Yes No If ye	es, please give date:		
Refusals to be tested?	Yes No If ye	es, please give date:		
Rehab completed under direction of SAP/MRO?				
	, please explain:			
Why did this employee leave your company?				
Would you re-employee this person? Yes No	ir no, piease expla	in:		
Additional comments: (Any problems with customer rel	lations, supervision, c	or abuse of equipment?		
Name/Title (of person providing the above information)	:			
Company:				
Date:				

Record Inactive

The record matching USDOT Number = 3135070 is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's <u>DataQs</u> system.



SAFER Home | Feedback | Privacy Policy | USA.gov | Freedom of Information Act (FOIA) | Accessibility | OIG Hotline | Web Policies and Important Links | Plug-ins Federal Motor Carrier Safety Administration 1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts

	4	• • • • • • • • •	ORMANCE HISTORY	
		RECOR	DS REQUEST	
		- CON	IFIDENTIAL -	
Company: Superior Quality Logistics LLC (DOT313		00000000	<i>Date:</i> 08/21/24	
Address: The record matching USDOT Number = 3135070 is INACTIVE in the S				
I hereby authorize this company to release all records of dates of any and all alcohol or drug tests, those confirmer completion under direction of SAP/MRO) to each and ever connection with my application for employment company, from any and all liable type as a result of providing the fo	d results, and/or my ry company(their au . I hereby release thi	refusing to any alcohol or dr thorized agents) which may s company, and its employee	ug tests and any rehabilitation request such information in es, officers, directors, and agents	
Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)		Kristina Milacic (Aug 21, 2024 13:05 E		
Applicant's Signature		Company representative		
Udd`]WubhUgʻUʻdUghYa d`cnYf"K]``nci]bX`mfYd`n UVcj YžʻU```]UV]`]ImicZnci 'UbX`nci f`Wa dUbm\UgʻVY <u>PLEASE BE ADVISED!</u> ' Mci 'a UmfYd`mby FAX +1 63 Name of Applicant: Cruz Sanchez Jose Raul	Yb fY`YUgYX VmH\ \ 0 485 6980 or e-n	(`Udd`]Wøt" nail: safety@rtbrz.com.		
Name of Applicant: Cluz Sanchez Jose Raul	55/1/2099147064	JOD APPIY	ing 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:	Start Date :	End Date :		
Company Driver Owner/Operator Other?				
Type of tractor operated: T	ype of trailer pulled:			
Other equipment operated: Co	mmodities operated			
Accidents: Yes No If yes, please give the dat	te and brief descripti	on of each accident:		
Traffic Violations: Yes No If yes, please list	all including the dat	e and type of violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBST	ANCES INFORMAT	ION		
Alcohol tests with a result of 0.04 or greater?	es 🗌 No If yes	s, please give date:		
/erified positive controlled substances test results? \Box Ye	es 🗌 No 🛛 If yes	s, please give date:		
Refusals to be tested?	es 🗌 No If yes	s, please give date:		
Rehab completed under direction of SAP/MRO?				
Any problems with bonding? Yes No If yes, p				
Nhy did this employee leave your company?				
Would you re-employee this person? Yes 🗌 No	If no, please explair	1:		
Additional comments: (Any problems with customer relat	tions, supervision, or	abuse of equipment?		
Name/Title (of person providing the above information): _ Company:				
Date:				