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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** MARATHON XPRESS INC (DOT2157427) **Phone:** (305) 381-5155  
**Address:** 2621 SW 132ND AVE MIAMI, FL 33175 **Fax:**

**Date:** 08/21/24

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.

Cruz Sanchez Juan Carlos (Aug 21, 2024 13:05 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.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**

**Name of Applicant:** Cruz Sanchez Juan Carlos SSN: 597205189**Job Applying For:** OTR DriverDid 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: Sleeper Type of trailer pulled: ReeferOther equipment operated: None Commodities operated: ProduceAccidents: ☐ 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? He wanted to work somewhere elseWould you re-employee this person? ☒ Yes ☐ No If no, please explain: \_\_\_\_\_Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? Good driverName/Title (of person providing the above information): Juan Samz, H.R AnalystCompany: Marathon Xpress Inc.Date: 09/09/2024



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SAFETY PERFORMANCE HISTORY  
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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.

Cruz Sanchez Juan Carlos (Aug 21, 2024 13:05 EDT)

Kristina Milacic (Aug 21, 2024 13:05 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]MbhUg U dUghYa d'cnYf"K J" nci \_]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[ H Jg Udd' J]Mbh' 5g' nci 'k J" fYUX'k U]j Yf gUH YX UVcj YZU"" JUV] JmicZ nci 'UbX' nci f Wda dUbm\ Ug VYYb fY YUgYX Vm'h Y Udd' J]Mbt"

**PLEASE BE ADVISED!** Mti 'a UnfYd' nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Cruz Sanchez Juan Carlos SSN: 597205189

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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## Employment Verification for Juan Carlos Cruz Sanchez

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**us express inc** <usexpress1111@gmail.com>  
To: Employment Verifications <ev@rtbrz.com>

Mon, Aug 26, 2024 at 6:35 PM

The above person has never worked for mc 855399

On Mon, Aug 26, 2024 at 11:22 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 Juan Carlos 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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** US EXPRESS INC (DOT2473421)**Phone:** (312) 909-6975**Date:** 08/21/24**Address:** 4904 N OVERHILL AVE NORRIDGE, IL 60706 **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.

Cruz Sanchez Juan Carlos (Aug 21, 2024 13:05 EDT)

Kristina Milacic (Aug 21, 2024 13:05 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]MbhUg U dUghYa d'cnYf"K J" nci \_]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[ H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXY UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmHk Y Udd' J]Mbt"

**PLEASE BE ADVISED!** Mti 'a UnfYd'nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**Name of Applicant:** Cruz Sanchez Juan Carlos **SSN:** 597205189**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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## Employment Verification for Juan Carlos Cruz Sanchez

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**Andrey N** <paragonfreightllc@gmail.com>  
To: Employment Verifications <ev@rtbrz.com>

Mon, Aug 26, 2024 at 6:20 PM

He doesn't work for us

On Mon, Aug 26, 2024 at 9:15 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 Juan Carlos 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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclaire Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** PARAGON FREIGHT LLC (DOT4069746)**Phone:** (206) 355-7425**Date:** 08/21/24**Address:** 13336 SE 308TH CT AUBURN, WA 98092**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.

Cruz Sanchez Juan Carlos (Aug 21, 2024 13:05 EDT)

Kristina Milacic (Aug 21, 2024 13:05 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbUa YX YfYb U UgdUdd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd JMbH Ug U dUghYa d'cnYf K J nci JbX mYd mhc H Jg bei JmYgdYVJb H Jg Udd JMbH 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmicZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd JMbH

**PLEASE BE ADVISED!** Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Cruz Sanchez Juan Carlos SSN: 597205189

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: \_\_\_\_\_