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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -



Company: TERGLAU INC

Phone: 708-628-5336

Date: 09/12/24

Address: 1720 S MICHIGAN AVE APT 1809, CHICAGO, IL 60616 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.


Yadir Franchi Alfaro (Sep 12, 2024 15:47 CDT)
Kristina Milacic (Sep 13, 2024 16:57 CDT)

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/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd JMbH Ug U dUghYa d'cnyf K J nci JbX mfyd mhc H g bei JmFYgdYVmb H g Udd JMbH 5g nci k J fYUX k Uij Yf g UH YX 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.

Name of Applicant: Franchi Alfaro Yadir SSN: 671-68-5779

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 : 09/20/2021 End Date : 11/13/2023

☐ Company Driver ☒ Owner/Operator ☐ Other? _____

Type of tractor operated: semi Type of trailer pulled: 53 ft dry van


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? quit

Would you re-employee this person? ☐ Yes ☒ No If no, please explain: _____Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?)
NoName/Title (of person providing the above information): Ksenija Milic safety manager 

Company: TERGLAU INC

Date: 10/07/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: FR8MAX INC

Phone: 832-781-3174

Date: 09/12/24

Address: 4600 N POWERLINE RD SUITE 201, DEERFIELD BEACH, FL 33073 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.

Yadir Franchi Alfaro
Yadir Franchi Alfaro (Sep 12, 2024 15:47 CDT)

Kristina Milacic
Kristina Milacic (Sep 13, 2024 16:57 CDT)

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.

Name of Applicant: Franchi Alfaro Yadir SSN: 671-68-5779 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 : 8/28/24 End Date : 9/4/24☐ Company Driver ☒ Owner/Operator ☐ Other? _____Type of tractor operated: DRY VAN 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? HIS TRUCK BROKE DOWNWould you re-employee this person? ☒ Yes ☐ No If no, please explain: _____

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

Very good Driver and Hard Working
Name/Title (of person providing the above information): Matilde Hernandez Operations Manager
Company: FR8MAX INC
Date: 10/11/24

BRZ