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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ZIGI FREIGHT INC

Phone: (630) 485-7370

Date: 01/16/23

Address: 6850 W 63RD STREET CHICAGO, IL 60638

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.


Fernando Valdes Cabrera (Jan 17, 2023 15:35 CST)


Safety manager (Jan 17, 2023 16:13 CST)

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: Fernando Valdes Cabrera SSN: 580-87-9564

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 : 09/12/2018 End Date : 01/17/2020☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck Type of trailer pulled: Dry vanOther equipment operated: N/A Commodities operated: General freightAccidents: ☐ 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? +30 days vacationWould 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): Mateja MarkovicCompany: Royal 3Date: 01/23/2023



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Safety manager (Jan 17, 2023 16:13 CST)

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

Name of Applicant: Fernando Valdes Cabrera **SSN:** 580-87-9564**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: RIKI TRANSPORTATION INC**Phone:** (708) 303-5150**Date:** 01/16/23**Address:** 8225 LECLAIRE AVE BURBANK, IL 60459**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.

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Safety manager (Jan 17, 2023 16:13 CST)

Applicant's Signature

Company representative

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

Name of Applicant: Fernando Valdes Cabrera SSN: 580-87-9564**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 : 02/21/2020 End Date : 06/17/2022☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck Type of trailer pulled: Dry vanOther equipment operated: N/A Commodities operated: General freightAccidents: ☐ 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? +30 days vacationWould 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): Mateja MarkovicCompany: BRZDate: 01/25/2023

BRZ



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Name of Applicant: Fernando Valdes Cabrera SSN: 580-87-9564**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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Name of Applicant: Fernando Valdes Cabrera SSN: 580-87-9564

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 : 01/29/2020 End Date : 04/14/2020☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck Type of trailer pulled: Dry vanOther equipment operated: N/A Commodities operated: General freightAccidents: ☐ 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? +30 days vacationWould you re-employee this person? ☒ Yes ☐ No If no, please explain: _____

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Name/Title (of person providing the above information): Mateja MarkovicCompany: Royal 3Date: 01/23/2023



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Name of Applicant: Fernando Valdes Cabrera SSN: 580-87-9564**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: _____

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Name of Applicant: Fernando Valdes Cabrera SSN: 580-87-9564

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 : 09/16/2022 End Date : 12/29/2022☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck Type of trailer pulled: Dry vanOther equipment operated: N/A Commodities operated: General freightAccidents: ☐ 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: _____

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Name of Applicant: Fernando Valdes Cabrera **SSN:** 580-87-9564**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: _____

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