

SAFETY PERFORMANCE HISTORY 1 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 01/16/23 Company: ZIGI FREIGHT INC **Phone:** (630) 485-7370

Address: 6850 W 63RD STREET CHICAGO, IL 60638

Name/Title (of person providing the above information): Mateja Markovic

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(connection with my application for employment company, I hereby rel from any and all liable type as a result of providing the following infor	lease this company, and its employees, officers, directors, and agents
low	ex
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 em applicant as a past employer. Will you kindly reply to this inquabove, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	uiry respecting this applicant. As you will read waiver stated d by the applicant.
Name of Applicant: Fernando Valdes Cabrera SSN: 580-8	37-9564 <i>Job Applying For:</i> 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 traile	r pulled: _Dry van
Other equipment operated: N/A Commodities o	perated: _General freight
Accidents: Yes X No If yes, please give the date and brief of	description of each accident:
Traffic Violations: Yes X No If yes, please list all including	the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INF	ORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO? Yes XNo	If yes, please give date:
Any problems with bonding? Yes No If yes, please explain	n:
Why did this employee leave your company? +30 days vacation	
Would you re-employee this person? ☐ Yes ☐ No If no, please	e explain:
Additional comments: (Any problems with customer relations, superv	rision, or abuse of equipment?

Company: Royal 3 Date: 01/23/2023



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Company: ZIGI FREIGHT INC **Phone:** (630) 485-7370

Address: 6850 W 63RD STREET CHICAGO, IL 60638 Fax:

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completion under direction of SAP/MRO) to each and every company(t connection with my application for employment company, I hereby rele	
from any and all liable type as a result of providing the following inform	
Fernando Valdes cabrera (Jan 17, 2023 15:35 CST)	Safety manager Jan 17, 2023 16:13 CST)
Applicant's Signature	Company representative
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Name of Applicant: Fernando Valdes Cabrera SSN: 580-8	7-9564 <i>Job Applying For:</i> 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 op	erated:
Accidents: Yes No If yes, please give the date and brief de	escription of each accident:
Traffic Violations: Yes No If yes, please list all including t	the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	DRMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	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, supervis	sion, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	_



SAFETY PERFORMANCE HISTORY 2 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 01/16/23

Company: RIKI TRANSPORTATION INC **Phone:** (708) 303-5150

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

Name/Title (of person providing the above information): Mateja Markovic

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 ar connection with my application for employment con	nd every company(the nearly is the nearly is the nearly is nearly is the nearly release to the nearly is the nearly is the nearly indicated by the nearly indicated b	neir authorized agents ase this company, and) which may request such information in its employees, officers, directors, and agents
from any and all liable type as a result of providing θ_{-} .	the following inform	ation to the below me	ntioned 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 repres	sentative
Dear Personnel Manager The person named herein has applied to this applicant as a past employer. Will you kindly above, all liability of you and your company here by the person of the	reply to this inqui	ry respecting this a by the applicant.	pplicant. As you will read waiver stated
Name of Applicant: Fernando Valdes Cab	rera <i>ssn:</i> 580-87	7-9564	Job Applying 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 followin Company Driver Owner/Operator			End Date : <u>06/17/2022</u>
Type of tractor operated: Semi truck	Type of trailer p	oulled: Dry van	
Other equipment operated: N/A	Commodities ope	erated: General freigh	t
Accidents: Yes No If yes, please give to	the date and brief de	scription of each accid	dent:
Traffic Violations: Yes No If yes, plea	ase list all including t	he date and type of vio	plation:
INQUIRY FOR ALCOHOL AND CONTROLLED S	SUBSTANCES INFO	RMATION	
Alcohol tests with a result of 0.04 or greater?	☐Yes ☒No	If yes, please give da	te:
Verified positive controlled substances test results?	Yes No	If yes, please give da	ite:
Refusals to be tested?	sals to be tested?		
Rehab completed under direction of SAP/MRO?	☐Yes ☒No	If yes, please give da	te:
Any problems with bonding? Yes No If	yes, please explain:		
Why did this employee leave your company? +30	days vacation		
Would you re-employee this person? $\begin{tabular}{ c c c c c }\hline \end{tabular}$ Yes $\begin{tabular}{ c c c c c c c }\hline \end{tabular}$	No If no, please	explain:	
Additional comments: (Any problems with custome	ar relations supervisi	ion or abuse of equipr	ment?

BRZ

Company: BRZ Date: 01/25/2023



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Date: 01/16/23

Company: RIKI TRANSPORTATION INC **Phone:** (708) 303-5150

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

Fax:

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connection with my application for employment company, I hereby releasing and all liable type as a result of providing the following inform	
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 emplapplicant as a past employer. Will you kindly reply to this inqui above, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Fernando Valdes Cabrera SSN: 580-87	7-9564 <i>Job Applying For:</i> 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 ope	erated:
Accidents: Yes No If yes, please give the date and brief de	escription of each accident:
Traffic Violations: Yes No If yes, please list all including the	the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	RMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results?	If yes, please give date:
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?	
Would you re-employee this person? Yes No If no, please	explain:
Additional comments: (Any problems with customer relations, supervisi	ion, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	



SAFETY PERFORMANCE HISTORY 3 **RECORDS REQUEST**

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Date: 01/16/23

Company: ZIGI FREIGHT INC Phone: (630) 485-7370

Address: 6850 W 63RD STREET CHICAGO, IL 60638

Name/Title (of person providing the above information): Mateja Markovic

Fax:

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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 en applicant as a past employer. Will you kindly reply to this incabove, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	uiry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Fernando Valdes Cabrera SSN: 580-	.87-9564 <i>Job Applying For:</i> 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
Company Driver Owner/Operator Other?	
Type of tractor operated: Semi truck Type of traile	er pulled:
Other equipment operated: N/A Commodities	operated: General freight
Accidents: Yes X No If yes, please give the date and brief	description of each accident:
Traffic Violations: Yes X No If yes, please list all including	g the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes X No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO? Yes X No	If yes, please give date:
Any problems with bonding? Yes 🔀 If yes, please expla	in:
Why did this employee leave your company?+30 days vacation	

Company: Royal 3 Date: 01/23/2023



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from any and all liable type as a result of providing the foll	owing information to the below mei	ntioned person and/or company.
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Name of Applicant: Fernando Valdes Cabrera S	ssn: 580-87-9564	Job Applying For: OTR driver
Did the Applicant work for you as a driver: Yes N If No, please explain:	lo	
If employed as a driver, please answer the following: St. Company Driver Owner/Operator Other?	tart Date :	
Type of tractor operated: Ty	pe of trailer pulled:	
Other equipment operated: Con	nmodities operated:	
Accidents: Yes No If yes, please give the date	e and brief description of each accid	dent:
Traffic Violations: Yes No If yes, please list a	all including the date and type of vio	plation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTA	ANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	s No If yes, please give da	te:
Verified positive controlled substances test results?	s No If yes, please give da	te:
Refusals to be tested?	s No If yes, please give da	te:
Rehab completed under direction of SAP/MRO?	s No If yes, please give da	te:
Any problems with bonding? Yes No If yes, pla	ease explain:	
Why did this employee leave your company?	If no, please explain:	
Additional comments: (Any problems with customer relation	ons, supervision, or abuse of equipr	ment?
Name/Title (of person providing the above information):		

Company: _ Date: ___



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lozi	Safety manager (Jan 17, 2023 16:13 CST)
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Did the Applicant work for you as a driver: Ys No If No, please explain:	
If employed as a driver, please answer the following: Start Date : <u>09/</u>	16/2022 End Date: 12/29/2022
Company Driver Owner/Operator Other?	
Type of tractor operated: Semi truck Type of trailer po	ulled: Dry van
Other equipment operated: N/A Commodities oper	rated: General freight
Accidents: Yes X No If yes, please give the date and brief des	cription of each accident:
Traffic Violations: Yes No If yes, please list all including the	e date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFOR	RMATION
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Verified positive controlled substances test results? Yes XNo	If yes, please give date:
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Would you re-employee this person? XYes No If no, please ex	xplain:
Additional comments: (Any problems with customer relations, supervision	on, or abuse of equipment?
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Company: <u>BRZ</u>
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If employed as a driver, please answer the following: Start Date :	End Date :
Type of tractor operated: Type of trailer	pulled:
Other equipment operated: Commodities op	perated:
Accidents: Yes No If yes, please give the date and brief d	escription of each accident:
Traffic Violations: Yes No If yes, please list all including	the date and type of violation:
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Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes No If yes, please explain	1:
Why did this employee leave your company?	
Nould you re-employee this person? Yes No If no, please	explain:
Additional comments: (Any problems with customer relations, supervis	
Name/Title (of person providing the above information):	