om: Fax Only	Fax: 18006208592	То:	Fax: (63	0) 485-6980	Page: 3 of 3	04/19/2022 9:28 AM
	and the second		2	SAFETY PER	RFORMANCE	HISTORY
C	R			RECC	ORDS REQUE	ST
e	IVOYU	V sinc.				
	0			- CC	ONFIDENTIA	<b>L</b>
•	ny: Armada Trucking Grou 5: 1517 E Grand Ave Pom	•	<i>Phone:</i> 8006 <i>Fax:</i>	208592	D	<i>ate:</i> 04/13/22
I hereby dates of completi	authorize this company to rele any and all alcohol or drug test on under direction of SAP/MRO on with my application for emp	ase all records of employ s, those confirmed resul ) to each and every com	s, and/or my refu pany( their author	ising to any alcohol of rized agents) which m	r drug tests and any i nay request such infoi	ehabilitation mation in
from any	and all liable type as a result of	of providing the following	information to th	e below mentioned p	erson and/or compan	γ.
Pathance			Sil	ety Department (Apr 13, 2022 J	4:29 CDT)	
	t's Signature	avkenenenenenenen eta antar eta	2000-000 Million Milli	pany representative	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ersonnel Manager			τ. ν. τ		
The per applicat above, i	son named herein has appli nt as a past employer. Will y all liability of you and your <i>BE ADVISED!</i> You may rep	ou kindly reply to thi company has been rel	s inquiry respec eased by the ap	ting this applicant. plicant.	. As you will read w	
Name of	Applicant: Nathan C	Cordeiro SSN: (	31669997	Job Ap	plying For: OTR D	river
	Applicant work for you as a driv ease explain:	er: Yes No				
	yed as a driver, please answer any Driver Ovener/Operato			<u>دم</u> End Dat		
Туре с	of tractor operated: <u>Semi-</u>	Type of	trailer pulled: <u>5</u>	311 Record		
Other eq	uipment operated: <u>NTR</u>	Commodi	ties operated:		**	
Accident	s: 🗌 Yes 🤇 Ro 🛛 If yes, p	lease give the date and	brief description o	f each accident:		
Traffic V	iolations: Yes	If yes, please list all incl	uding the date an	d type of violation:		www.wy
INQUIR	Y FOR ALCOHOL AND CONT	ROLLED SUBSTANCE	S INFORMATIO	N	********	www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.man.www.ma
	ests with a result of 0.04 or gre		1	ease give date:		
	positive controlled substances t			ease give date:		
	to be tested?			ease give date:		
Rehab co	ompleted under direction of SA			ease give date:		
	plems with bonding? Yes					
the states	thic annihuse lance user and	mus Para	99939333399999999999999999999999999999	991.0-997-0-900.000000000000000000000000000	ND005655559999999999999999999999999999999	
	this employee leave your comp			*****		
Would ye	ou re-employee this person?	Yês 🗌 No If no,	please explain:	unt datum MMM method Advantage and a second an		
. 1	al comments: ( Any problems w			i k i staarde		
	M 9008 DRIVE		- Married	it is cause		0000000000
	tle (of person providing the abo		,	CIGOS HP	Manasar	4
Company Date:	4/19/2027	UKING Brong	k'			
LOLG.	unan den fan kan Frankreise Alle Den Standynen an se					

Royal3 Inc.



### - CONFIDENTIAL -

#### Phone: 8006208592 Fax:

Date: 04/13/22

Address: 1517 E Grand Ave Pomona, CA 91766

Company: Armada Trucking Group Inc

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.

	ABC
Nathan cordeiro (Apr 13, 2022 12:55 CDT) Applicant's Signature	Safety Department (Apr 13, 2022 14:29 CDT) Company representative
Dear Personnel Manager The person named herein has applied to this company for emplo applicant as a past employer. Will you kindly reply to this inquir above, all liability of you and your company has been released b <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 o	byment in a safety-sensitive position, Your finding the ry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Nathan Cordeiro SSN: 031669	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 :	
Type of tractor operated: Type of trailer p	ulled:
Other equipment operated: Commodities oper	rated:
Accidents: Yes No If yes, please give the date and brief des	cription of each accident:
Traffic Violations: Yes No If yes, please list all including th	e date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFOR	RMATION
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?	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 e	xplain:
Additional comments: ( Any problems with customer relations, supervisio	on, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	

Royal	inc.
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### - CONFIDENTIAL -

Company: BiRite Foodservice Distributors

Phone: 4156560187

Date: 04/13/22

Address: 123 S Hill Dr, Brisbane, CA 94005

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.

1 mil	eter-
Nathan cordeiro (Apr 13, 2022 12:55 CDT)	Safety Department (Apr 13, 2023 14:25 CD7)
Applicant's Signature	Company representative
Dear Personnel Manager	
The person named herein has applied to this company for emp applicant as a past employer. Will you kindly reply to this inqu above, all ilability of you and your company has been released <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Nathan Cordeiro ssw: 03166	39997 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 :	05127/16 End Date : 12/29/20
Company Driver Owner/Operator	
Type of tractor operated: TWCE Type of trailer	pulled:
Other equipment operated: Commodities op	
Accidents: Yes KNo If yes, please give the date and brief de	escription of each accident:
Traffic Violations: Yes Yoo 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?	If yes, please give date:
Refusals to be tested? Yes No	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:	
Why did this employee leave your company? Resignation	
	explain:
Additional comments: ( Any problems with customer relations, supervis	sion, or abuse of equipment?
Name/Title (of person providing the above Information):	6 Contero Valles
Company: Bilik. Trokeice	the General'st
Date: 100	



### - CONFIDENTIAL -

### Company: BiRite Foodservice Distributors

Phone: 4156560187 Fax: Date: 04/13/22

Address: 123 S Hill Dr, Brisbane, CA 94005

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.

Nathan cordeiro (Apr 13, 2022 12:55 CDT)	Safety Department (Apr 13, 2022 14:29 CDT)		
Applicant's Signature	Company representative		
Dear Personnel Manager The person named herein has applied to this company for e	mployment in a safety-sensitive position, Your finding the quiry respecting this applicant. As you will read waiver stated sed by the applicant.		
Name of Applicant: Nathan Cordeiro SSN: 031	669997Job 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 Company Driver Owner/Operator Other?			
Type of tractor operated: Type of trai	iler pulled:		
Other equipment operated: Commodities	operated:		
Accidents: Yes No If yes, please give the date and brie	f description of each accident:		
Traffic Violations: Yes No If yes, please list all includin	ng the date and type of violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION		
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?	If yes, please 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 customer relations, supe	ervision, or abuse of equipment?		
Name/Title (of person providing the above information):			
Company:			
Date:			

### Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63<sup>rd</sup> St. Chicago, IL 60638

#### May 6, 2022

RE: Employee Verification Requests for Nathan Cordeiro from D&M Trucking.

To whom it may concern:

As of March 13, 2022 I have made the following attempts to contact D&M Trucking in order to verify Nathan Cordeiro's employment there.

The first attempt was made on April 14, 2022 when I sent a request to +12069844259 which was recommended by safety person when I reached out through phone to their office.

On April 21, 2022 I re-sent request completing the second attempt and on April 29, 2022 I have made a third and final attempt. A formal response from D&M Trucking was never received.

Sincerely,

Maryury Acero

Fax: 16304857370

To:

Fax: (206) 984-4259

# FAX

## From

Sofija Mitic

То

## Phone (630) 485-7370 \* 402 Phone (206) 984-4259 Fax Fax 16304857370 **DATE** 04/29/2022 Pages including cover sheet: 2 NOTE Hello, I am a safety officer from Royal3 INC company. I am sending you this email to confirm Nathan Cordeiro's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you, and have a nice day! Sofia

Fax: 16304857370

To:

Fax: (206) 984-4259

# FAX

## From

Sofija Mitic

То

Phone Fax	(630) 485-7370 * 402 16304857370	Phone Fax	(206) 984-4259
<b>DATE</b> 04/21/	2022		
Pages includi	ing cover sheet: 2		
NOTE			
I am sending company. Plea convenience.	v officer from Royal3 INC company you this email to confirm Nathar ase find the attached form, and s nd have a nice day!	n Cordeiro's emp	

Fax: 16304857370

To:

Fax: (206) 984-4259

# FAX

## From

Sofija Mitic

То

Phone Phone (630) 485-7370 \* 402 (206) 984-4259 Fax Fax 16304857370 **DATE** 04/14/2022 Pages including cover sheet: 2 NOTE Hello, I am a safety officer from Royal3 INC company. I am sending you this email to confirm Nathan Cordeiro's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you, and have a nice day! Sofia



### - CONFIDENTIAL -

Company: D&M Trucking

#### Phone: 5202244832

Date: 04/13/22

Address: 1882 East Zachary Way Huachuca City, AZ 85616 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.

3

Nathan cordeiro (Apr 13, 2022 12:55 CDT)	Safety Department (Apr 13, 2022 14:29 CDT)		
Applicant's Signature	Company representative		
Dear Personnel Manager The person named berein has applied to this co	mpany for employment in a safety-sensitive position. Your finding the		

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@royal3inc.com.

Name of Applicant:	Nathan Cordeiro	<i>SSN:</i> 031669997	Job Applying For: OTR Driver
Did the Applicant work If No, please explain: _	for you as a driver: Yes	No	
If employed as a driver	, please answer the following:	Start Date :	End Date :
Company Driver	Owner/Operator Other	r?	
Type of tractor opera	ted:	Type of trailer pulled:	
Other equipment opera	ted:	Commodities operated:	
Accidents: Yes	] No If yes, please give the	date and brief description o	feach accident:
Traffic Violations:	Yes No If yes, please	list all including the date an	d type of violation:
INQUIRY FOR ALCO	IOL AND CONTROLLED SUB	STANCES INFORMATION	I
Alcohol tests with a res	ult of 0.04 or greater?	Yes No If yes, ple	ease give date:
Verified positive control	led substances test results?	Yes No If yes, ple	ease give date:
Refusals to be tested?		Yes No If yes, ple	ease give date:
Rehab completed under	r direction of SAP/MRO?	Yes No If yes, ple	ease give date:
Any problems with bond	ding? Yes No If yes	s, please explain:	
Why did this employee	leave your company?		
Would you re-employee	e this person? Yes No	If no, please explain:	
Additional comments: (	Any problems with customer re	elations, supervision, or abu	se of equipment?
Name/Title (of person p	providing the above information	n):	
Company:			
Date:			



### - CONFIDENTIAL -

*Company:* BRZ INC *Address:* 8225 Leclaire Ave, Burbank, IL 60459

*Phone:* (630) 485-7370 *Fax:* 6304856980

Date: 04/13/22

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.

Nathan cordeiro (Apr 13, 2022 12:55 CDT) Applicant's Signature Dear Personnel Manager The person named herein has applied to this company for employer applicant as a past employer. Will you kindly reply to this inquiry in above, all liability of you and your company has been released by PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e	respecting this applicant. As you will read waiver stated the applicant.
The person named herein has applied to this company for employed applicant as a past employer. Will you kindly reply to this inquiry above, all liability of you and your company has been released by	respecting this applicant. As you will read waiver stated the applicant.
Name of Applicant: Nathan Cordeiro SSN: 0316699	97 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: K No If No, please explain:	
If employed as a driver, please answer the following: Start Date : <u>8/12/</u> Company Driver Owner/Operator Other?	
Type of tractor operated: Type of trailer pulle	ed:
Other equipment operated: Commodities operated	ed:
Accidents: $\Box$ Yes $X$ No $\Box$ If yes, please give the date and brief descri	ption of each accident:
Traffic Violations: Yes XNo If yes, please list all including the o	date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORM	ATION
Alcohol tests with a result of 0.04 or greater?	yes, please give date:
Verified positive controlled substances test results? Yes YNo If	yes, please give date:
Refusals to be tested?	yes, please give date:
Rehab completed under direction of SAP/MRO?	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? Kes $\Box$ No If no, please exp	lain:
Additional comments: ( Any problems with customer relations, supervision,	or abuse of equipment?
Name/Title (of person providing the above information):	Safety Officer



### - CONFIDENTIAL -

*Company:* BRZ INC *Address:* 8225 Leclaire Ave, Burbank, IL 60459

*Phone:* (630) 485-7370 *Fax:* 6304856980

Date: 04/13/22

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.

Mathan cordeiro (Apr 13, 2022 12:55 CDT)	Safety Department (Apr 13, 2022 14:29 CDT)
Applicant's Signature	Company representative

Name of Applicant:	Nathan Cordeiro	<i>SSN:</i> 03166	69997	Job Applying For: OTR Driver
Did the Applicant work If No, please explain: _	for you as a driver: Yes	No		
If employed as a driver	, please answer the following:	Start Date : _		_ End Date :
Company Driver	Owner/Operator Othe	r?		
Type of tractor opera	ted:	Type of trailer	pulled:	
Other equipment opera	ted:	Commodities of	perated:	
Accidents: Yes	No If yes, please give the	date and brief d	escription of each ac	cident:
Traffic Violations:	∕es □No If yes, please	list all including	the date and type of	violation:
INQUIRY FOR ALCO	IOL AND CONTROLLED SU	STANCES INF	ORMATION	
Alcohol tests with a res	ult of 0.04 or greater?	Yes No	If yes, please give	date:
Verified positive control	led substances test results?	Yes No	If yes, please give	date:
Refusals to be tested?		Yes No	If yes, please give	date:
Rehab completed unde	r direction of SAP/MRO?	Yes No	If yes, please give	date:
Any problems with bon	ding? Yes No If ye			
Why did this employee	leave your company?			
Would you re-employee	e this person? Yes No	If no, please	explain:	
Additional comments: (	Any problems with customer r	elations, supervi	sion, or abuse of equi	pment?
Name/Title (of person p	providing the above information	n):		
Company:			_	
Date:				