Print

Xchange Report #39578845

Set This Request Complete

Request / Response Report KMS Express INC		Response Tracking ID: (None) Request #: 39   Questions about this rep			
Title:	(N/A)				
Address:	937 Charlela Ln				
City / State / Zip:	Elk Grove Village, IL 60007				
Email:	safetykmsinc@gmail.com				
	safetykmsinc@gmail.com				
Phone:	847-278-7065				
Fax:					
Items Requested:	EMP				
Requested Subject Information		Denotes a value not	equal to the <u>Provided</u> value		

### **Joseph Nicholas Navarrete**

SSN: xxx-xx-9285

## Date Range Requested: 01-2022 to 07-2022

Denotes a value not equal to original Requested value

48 53'

Date Range Provided: 11-2021 to 06-2022

DOB: 10-30-1979

### **Provided Subject Information**

### **Joseph Navarrete**

SSN: xxx-xx-9285 DOB: 10-30-1979

Original Request Information	Provided Information				
Position Held	Position Held	driver			
Reason For Leaving	Reason For Leaving				
Driver Class	Driver Class	Company			
Driver Type	Driver Type	Solo			
Was the driver Terminated?	Was the driver Terminated?				
Was the driver subject to FMCSRs	Eligible for Rehire?	Eligible for Rehire?			
while employed?		Was the driver subject to FMCSRs Yes			
Was the driver's job designated as a safety sensitive function in DOT		while employed?			
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver's job designate a safety sensitive function in I regulated mode subject to Dru and Alcohol testing per 49 CF	DOT ug			
Areas Driven	Part 40?				
Equipment Driven	Full Time / Part Time	full time			
Trailer Driven	Areas Driven	OTR			
Loads Hauled	Equipment Driven	Tractor-Trailer			
	Trailer Driven	Reefer Trailer			
	Loads Hauled	general			
	Miles per week				

Number of States Driven

Trailer Length

02-22-2023 10:53 AM - Ivett Petrova (KMS Express INC)

Response added. Request #39578845 status set to "Submitted".

02-18-2023 09:35 AM - Zigi Stamenkovic

Request sent under order #17203180 via Network method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email: drivers@tenstreet.com

	1	SAFETY	PERFORMANCE HIS	STORY
	-		RECORDS REQUEST	
			- CONFIDENTIAL -	
			Data	02/08/23
Company: KMS EXPRESS INC (2119362) Address: 1350 REMINGTON ROAD SUITE E SCHAUMBURG, IL		7) 278-7065	Date:	02/00/20
I hereby authorize this company to release all records of empl dates of any and all alcohol or drug tests, those confirmed res completion under direction of SAP/MRO) to each and every co connection with my application for employment company, I he from any and all liable type as a result of providing the followi	loyment, including sults, and/or my re ompany( their auth ereby release this	efusing to any a norized agents) company, and it	lcohol or drug tests and any rehabi which may request such informatic s employees, officers, directors, ar	ilitation on in
Joreph Navarrete (Feb 8, 2023 16:39 CST)		Mateja Markovic (Feb	9, 2023 15:19 CST)	
Applicant's Signature	Ca	ompany represe	ntative	
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX'ho'h\]g'Vta dUbm Udd`]WUbhUg'U'dUghYa d`onyf''K]``ntci _]bX`mfYd`mho'h UVoj Yž'U```]UV]`]ImcZnci 'UbX'ntci f`Vta dUbm\Ug'VYYb f <u>PLEASE BE ADVISED!</u> Ntci 'a UmfYd`mby FAX +1 630 48 Name of Applicant: Joseph Nicholas Navarrete SSN.	n ]g`]bei ]fmfYgd fY`YUgYX`Vmh\Y`I 35 6980 or e-ma	YVMjb[ h]g`Ud Udd`]VVbt" iil: safety@rtb	d`]Wold'5ginci k]``fYUX kU]jYi	
Name of Applicant: JOSEPH NICHOLAS NAVAITELE SSN.	: 594-10-9200	)	Job Applying For: OTR UTVET	
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: Commo	odities operated: _			
Accidents: Yes No If yes, please give the date an	nd brief descriptior	n of each accide	ent:	
Traffic Violations: Yes No If yes, please list all in	ncluding the date	and type of viol	ation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC	CES INFORMATI	ON		
Alcohol tests with a result of 0.04 or greater?	No If yes,	please give date	2:	
Verified positive controlled substances test results?	No If yes,	please give date	2:	
Refusals to be tested?	No If yes,	please give date	2:	
Rehab completed under direction of SAP/MRO?	No If yes,	please give date	2:	
Any problems with bonding? Yes No If yes, please	e explain:			
Why did this employee leave your company?				
Would you re-employee this person? Yes No If no	o, please explain:			
Additional comments: ( Any problems with customer relations,	, supervision, or a	buse of equipm	ent?	
Name/Title (of person providing the above information):				
Company:				
Date:				

# Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

#### March 8, 2023

RE: Employee Verification Requests for Joseph Nicholas Navarrete from RPM CORP.

To whom it may concern:

As of February 8, 2023 I have made the following attempts to contact RPM CORP in order to verify Joseph Nicholas Navarrete's employment there.

The first attempt was made on February 18, 2023 when I sent a request at <u>RPMCORP1@gmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On February 22, 2023 I re-sent request completing the second attempt and on February 27, 2023 I have made a third and final attempt. A formal response from RPM CORP was never received.

Sincerely,

Mateja Markovic



## **Employment Verification for Joseph Nicholas Navarrete**

Employment Verifications <ev@rtbrz.com> To: RPMCORP1@gmail.com Mon, Feb 27, 2023 at 4:07 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: <u>ev@rtbrz.com</u>

B21K



## **Employment Verification for Joseph Nicholas Navarrete**

**Employment Verifications** <ev@rtbrz.com> To: RPMCORP1@gmail.com Wed, Feb 22, 2023 at 11:07 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: <u>ev@rtbrz.com</u>

B3DQ\_JosephNavarete-4.pdf



# **Employment Verification for Joseph Nicholas Navarrete**

1 message

Employment Verifications <ev@rtbrz.com> To: RPMCORP1@gmail.com Sat, Feb 18, 2023 at 4:39 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: <u>ev@rtbrz.com</u>

**03DQ\_JosephNavarete-4.pdf** 821K

	2		FORMANCE HISTORY RDS REQUEST
		- COI	NFIDENTIAL -
Company: RPM CORP (2788262) Address: 16651 VINCENNES AVENUE SOUTH HOLLA	<b>Phone:</b> (574)	914-4400	<i>Date:</i> 02/08/23
I hereby authorize this company to release all records dates of any and all alcohol or drug tests, those confii completion under direction of SAP/MRO) to each and connection with my application for employment comp from any and all liable type as a result of providing th	of employment, including a rmed results, and/or my refu every company( their autho any, I hereby release this co e following information to th	using to any alcohol or o rized agents) which may ompany, and its employe	Irug tests and any rehabilitation request such information in res, officers, directors, and agents son and/or company.
Applicant's Signature		npany representative	
8YUF DYfgebbY`A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX'he'H\]g'Vu Udd`]WUbhUg'U'dUghYa d`enYf"'K]``nci _]bX'mfY UVcj Yž'U```]UV]`]hmcZnci 'UbX'nci f`Vva dUbm\Ug <u>PLEASE BE ADVISED!</u> Mci 'a UmfYd`mby FAX +1 Name of Applicant: Joseph Nicholas Navarre	'd mhc H\]g]bei ]fmfYgdY gVYYb fY YUgYX VmH\Y Uc 630 485 6980 or e-mail	Milb[`H\]g`Udd`]WibH"E Id`]Wibt" : safety@rtbrz.com.	
Did the Applicant work for you as a driver: Yes If No, please explain:	No		
If employed as a driver, please answer the following:			
	er?		
Type of tractor operated:	Type of trailer pulled:		
Other equipment operated:			
Accidents: Yes No If yes, please give the			
Traffic Violations: Yes No If yes, please	list all including the date ar	nd type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SU	BSTANCES INFORMATIO	N	
Alcohol tests with a result of 0.04 or greater?	Yes No If yes, p	ease give date:	
Verified positive controlled substances test results?	Yes No If yes, p	ease give date:	
Refusals to be tested?	Yes No If yes, p	ease give date:	
Rehab completed under direction of SAP/MRO?	Yes No If yes, p	ease give date:	
Any problems with bonding? Yes No If ye	es, please explain:		
Why did this employee leave your company?			
Would you re-employee this person? Yes	If no, please explain:		
Additional comments: ( Any problems with customer	relations, supervision, or ab	use of equipment?	
Name/Title (of person providing the above informatio Company: Date:			

Print

Xchange Report #39578848

Set This Request Complete

Request / Respo	onse Report	Response Tracking ID: (None)	Request #: 39578848
All In Trucking INC		Oursetiens a	haut this way and
Provided By:	Greta Gurcinaite	Questions a	bout this report?)
Title:	(N/A)		
Address:	15646 Statelyoaks Dr		
City / State / Zip:	Homer Glen, IL 60491		
Email:	allintrucking2019@gmail.c		
	om		
Phone:	708-416-6352		
Fax:			
Items Requested:	EMP		

### **Requested Subject Information**

#### **Joseph Nicholas Navarrete**

SSN: xxx-xx-9285

Denotes a value not equal to the Provided value

#### Date Range Requested: 01-2020 to 06-2021

DOB: 10-30-1979

**Provided Subject Information** 

### **Joseph Navarrete**

SSN: xxx-xx-9285 DOB: 10-30-1979

Date Range Provided: 10-2020 to 10-2021

Denotes a value not equal to original Requested value

48

53

Original Request Information	<b>Provided Information</b>	
Position Held	Position Held	Driver
Reason For Leaving	Reason For Leaving	Resigned, personal
Driver Class	Driver Class	Company
Driver Type	Driver Type	Solo
Was the driver Terminated?	Was the driver Terminated?	Νο
Was the driver subject to FMCSRs	Eligible for Rehire?	Review
while employed?	Was the driver subject to FMCSRs	Yes
Was the driver's job designated as a safety sensitive function in DOT	while employed?	
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR	Yes
Areas Driven	Part 40?	
Equipment Driven	Full Time / Part Time	Full time
Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	All sorts of
	Miles per week	

Number of States Driven

Trailer Length

02-22-2023 07:50 AM - Greta Gurcinaite (All In Trucking Inc.)

Response added. Request #39578848 status set to "Submitted".

02-18-2023 09:42 AM - Zigi Stamenkovic

Request sent under order #17203182 via Network method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email: drivers@tenstreet.com

2		3		( Performan Records Rec	
				- CONFIDEN	TIAL -
Company: ALL IN TRUCKING INC (239727) Address: 15646 STATELY OAKS DR HOMER		· ·	) 416-6352		<i>Date:</i> 02/08/23
I hereby authorize this company to release all reco dates of any and all alcohol or drug tests, those of completion under direction of SAP/MRO) to each a connection with my application for employment co from any and all liable type as a result of providing	ords of employmen onfirmed results, a and every company ompany, I hereby re	nt, including nd/or my re n( their auth elease this c	fusing to any a orized agents) company, and i	Icohol or drug tests and which may request suc ts employees, officers, o	any rehabilitation h information in directors, and agents
Joreph Vavarrete Feb 8, 2023 16:39 CST)			Mateja Markovic (Feb	9, 2023 15:19 CST)	
Applicant's Signature			mpany represe		
H\Y'dYfgcb'bUaYX`\YfY]b`\Ug'Udd`]YX'hc'h\ <u>k</u> Udd`]WlbhUg'U'dUghYad`cmYf"K]``nœi _]bX'u UVcjYžU```]UV]`]hmcZnœi 'UbX'nœi f`VotadUbm <u>PLEASE BE ADVISED!</u> Nci 'a UmfYd`mby FAX	mfYd`mhc`h\]g`]bo i\UgʻVYYb`fY`YUg\	ei]fmifYgd\ /X`Vmih\Y`U	<b>/\l/j</b> b[`h\]g`Ud dd`]\ <b>\/l</b> bt''	d`]W4bH'5ginci k]``f	
Name of Applicant: Joseph Nicholas Nava	arrete <i>SSN:</i> 594-	-18-9285		Job Applying For: OT	R driver
Did the Applicant work for you as a driver: Ye If No, please explain:					
If employed as a driver, please answer the following Company Driver Owner/Operator					
Type of tractor operated:	Type of trail	er pulled:			
Other equipment operated:	Commodities	operated: _			
Accidents: Yes No If yes, please give	the date and brief	description	of each accid	ent:	
Traffic Violations: Yes No If yes, ple	ease list all includin	g the date a	ind type of viol	ation:	
INQUIRY FOR ALCOHOL AND CONTROLLED	SUBSTANCES IN	FORMATIC	DN		
Alcohol tests with a result of 0.04 or greater?	Yes No	If yes, p	olease give dat	e:	
Verified positive controlled substances test results	? Yes No	If yes, p	olease give dat	e:	
Refusals to be tested?	Yes No	If yes, p	olease give dat	e:	
Rehab completed under direction of SAP/MRO?	Yes No	If yes, p	olease give dat	e:	
Any problems with bonding? Yes No	If yes, please expla	ain:			
Why did this employee leave your company?					
Would you re-employee this person? Yes	No If no, plea	se explain:_			
Additional comments: ( Any problems with custon	ner relations, super	vision, or at	ouse of equipm	ent?	
Name/Title (of person providing the above inform	ation):				
Company:					
Date:					

# Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

#### March 8, 2023

RE: Employee Verification Requests for Joseph Nicholas Navarrete from MIG EXPRESS LLC.

To whom it may concern:

As of February 8, 2023 I have made the following attempts to contact MIG EXPRESS LLC in order to verify Joseph Nicholas Navarrete's employment there.

The first attempt was made on February 18, 2023 when I sent a request at <u>MC839591@gmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On February 22, 2023 I re-sent request completing the second attempt and on February 27, 2023 I have made a third and final attempt. A formal response from MIG EXPRESS LLC was never received.

Sincerely,

Mateja Markovic



## **Employment Verification for Joseph Nicholas Navarrete**

**Employment Verifications** <ev@rtbrz.com> To: MC839591@gmail.com Mon, Feb 27, 2023 at 4:08 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: ev@rtbrz.com

**03DQ\_JosephNavarete-6.pdf** 821K



## **Employment Verification for Joseph Nicholas Navarrete**

**Employment Verifications** <ev@rtbrz.com> To: MC839591@gmail.com Wed, Feb 22, 2023 at 11:06 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: ev@rtbrz.com

**03DQ\_JosephNavarete-6.pdf** 821K



# **Employment Verification for Joseph Nicholas Navarrete**

1 message

Employment Verifications <ev@rtbrz.com> To: MC839591@gmail.com Sat, Feb 18, 2023 at 4:45 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Joseph Nicholas Navarrete'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!

Kind Regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: (708) 303-5150 Email: <u>ev@rtbrz.com</u>

**03DQ\_JosephNavarete-6.pdf** 821K

	4	SAFETY PERFC	RMANCE HISTORY
		RECORD	OS REQUEST
		- CONF	IDENTIAL -
<i>Company:</i> MIG EXPRESS LLC (2426281 <i>Address:</i> 672 JASMINE DR BRANSON, I		305) 527-4753	<i>Date:</i> 02/08/23
I hereby authorize this company to release all record dates of any and all alcohol or drug tests, those confi completion under direction of SAP/MRO) to each and connection with my application for employment comp from any and all liable type as a result of providing the Joeeph Swarrete YFeb 8, 2023 16:39 CST)	s of employment, includ irmed results, and/or my every company( their a pany, I hereby release th	refusing to any alcohol or drug uthorized agents) which may re- is company, and its employees, to the below mentioned person	g tests and any rehabilitation quest such information in officers, directors, and agents and/or company.
		Mateja Markovic (Feb 9, 2023 15:19 CST	)
Applicant's Signature		Company representative	
Udd`]WlohUgʻU'dUghYa d`cmYf"K ]``nœi]bX`mf UVcj Yž'U```]UV]`]hmcZnœi 'UbX'nœi f`Vka dUbm\U <u>PLEASE BE ADVISED!</u> ' Mbi 'a UmfYd`mby FAX + 3 Name of Applicant: Joseph Nicholas Navarre	g VYYb fY YUgYX VmH 1 630 485 6980 or e-i	Y`Udd`]Wot" nail: safety@rtbrz.com.	ng <i>For:</i> 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 following:		End Date :	
Type of tractor operated:	_ Type of trailer pulled	:	
Other equipment operated:	_ Commodities operated	l:	
Accidents: Yes No If yes, please give the	e date and brief descript	ion of each accident:	
Traffic Violations: Yes No If yes, please	e list all including the da	te and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SU	BSTANCES INFORMA	TION	
Alcohol tests with a result of 0.04 or greater?	Yes No If ye	es, please give date:	
Verified positive controlled substances test results?	Yes No If ye	es, please give date:	
Refusals to be tested?	Yes No If ye	es, please give date:	
Rehab completed under direction of SAP/MRO?	Yes No If ye	es, please give date:	
Any problems with bonding? Yes No If y			
Why did this employee leave your company?			
Would you re-employee this person? Yes	o If no, please expla	in:	
Additional comments: ( Any problems with customer	relations, supervision, o	r abuse of equipment?	
Name/Title (of person providing the above information Company: Date:			