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

March 1, 2023

RE: Employee Verification Requests for Patrick Francis Detscher from SCHNEIDER NATIONAL CARRIERS INC.

To whom it may concern:

As of February 6, 2023 I have made the following attempts to contact SCHNEIDER NATIONAL CARRIERS INC in order to verify Patrick Francis Detscher's employment there.

The first attempt was made on February 8, 2023 when I sent a request at DRIVERIQ which was recommended by safety person when I reached out through phone to their office.

On February 15, 2023 I re-sent request completing the second attempt and on February 22, 2023 I have made a third and final attempt. A formal response from SCHNEIDER NATIONAL CARRIERS INC was never received.

Sincerely,

Mateja Markovic

HA

Order Details

Employment History Report

Print Report

Name:Patrick Francis DetscherSSN:8479Case number:28481259

Submit a missing record request

17475

Lead result:PendingLead start date:/ /Lead end date:/ /

Order Details

Employment History Report

Print Report

Name:Patrick Francis DetscherSSN:8479Case number:28392793

Submit a missing record request

17475

Lead result:PendingLead start date:/ /Lead end date:/ /

Order Details

Employment History Report

Print Report

Name:Patrick Francis DetscherSSN:8479Case number:28302700

Submit a missing record request

17475

Lead result:PendingLead start date://Lead end date://

| | 1 | SAFETY PER | FORMANCE HISTORY |
|---|--|---|--------------------------------------|
| | | RECO | RDS REQUEST |
| | | | L. |
| | | - CO | NFIDENTIAL - |
| | | | Date: 02/06/23 |
| Company: SCHNEIDER NATIONAL CARRIER Address: 3101 SOUTH PACKERLAND DRIVE GRE | | 00) 558-6767 | Date: 02/00/23 |
| I hereby authorize this company to release all rec | ords of employment, includir | | |
| dates of any and all alcohol or drug tests, those c completion under direction of SAP/MRO) to each | | | |
| connection with my application for employment c | ompany, I hereby release thi | s company, and its employ | ees, officers, directors, and agents |
| from any and all liable type as a result of providin | g the following information t | o the below mentioned pe | rson and/or company. |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | | Safety Department (Feb 6, 2023 15:- | 49 CST) |
| Applicant's Signature | | Company representative | |
| 8YUf DYfqcbbY A UbU[Yf | | p- , -p | |
| H\Y dYfgcb bUa YX \YfY]b \Ug Udd]YX hc h\] | | | |
| Udd`]WlbhUgUdUghYad`cnYf"K]``nci _]bX UVcjYžU```]UV]`]ImcZnci UbXncifVidadUbn | mfYd`mhc h\]g]bei]fmfYg i\UqVYYb fY`YUqYX Vmh\ | jdYV kij b[`h\]gUdd`]VVlbH'` {`Udd`]VVlbt'' | 5gʻnci k]``fYUX kUjjYf`ghUhYX |
| PLEASE BE ADVISED! Mci a UmfYd mby FAX | | | |
| Name of Applicant: Patrick Francis Dets | chor ccw 121-51-817 | 70 Job Apr | lying For: OTR driver |
| | GHEI 33N. 121-34-047 | 9 ΙΟυ Αρμ | |
| Did the Applicant work for you as a driver: Ye If No, please explain: | | | |
| If employed as a driver, please answer the follow | ing: 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 | e the date and brief description | on of each accident: | |
| | | | |
| Traffic Violations: Yes No If yes, pl | ease list all including the date | e and type of violation: | |
| | | | |
| INQUIRY FOR ALCOHOL AND CONTROLLED | SUBSTANCES INFORMAT | ION | |
| Alcohol tests with a result of 0.04 or greater? | Yes No If yes | s, please give date: | |
| Verified positive controlled substances test results | s? Yes No If yes | s, please give date: | |
| Refusals to be tested? | Yes No If yes | s, please give date: | |
| Rehab completed under direction of SAP/MRO? | Yes No If yes | s, 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 explair | 1: | |
| Additional comments: (Any problems with custor | ner relations, supervision, or | abuse of equipment? | |
| Name/Title (of person providing the above inform | ation): | | |
| Company: | - | | |
| Date: | | | |

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

March 1, 2023

RE: Employee Verification Requests for Patrick Francis Detscher from 22 TRANSPORT L L C.

To whom it may concern:

As of February 6, 2023 I have made the following attempts to contact 22 TRANSPORT L L C in order to verify Patrick Francis Detscher's employment there.

The first attempt was made on February 8, 2023 when I sent a request at <u>TRANS22PORT@gmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On February 15, 2023 I re-sent request completing the second attempt and on February 22, 2023 I have made a third and final attempt. A formal response from 22 TRANSPORT L L C was never received.

Sincerely,

Mateja Markovic



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com> To: TRANS22PORT@gmail.com Wed, Feb 22, 2023 at 10:47 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-4.pdf 821K



Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com> To: TRANS22PORT@gmail.com Wed, Feb 15, 2023 at 1:47 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-4.pdf 821K



Employment Verification for Patrick Francis Detscher

1 message

Employment Verifications <ev@rtbrz.com> To: TRANS22PORT@gmail.com Wed, Feb 8, 2023 at 10:54 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-4.pdf 821K

| | 2 SAFETY PERFORMANCE HISTORY RECORDS REQUEST |
|---|--|
| | - CONFIDENTIAL - |
| Company: 22 TRANSPORT L L C (3169638) | <i>Phone:</i> (980) 225-3798 <i>Date:</i> 02/06/23 |
| Address: 10608 RIPPLING STREAM DR NW CONCORD, NC 2 | |
| dates of any and all alcohol or drug tests, those confirmed resi completion under direction of SAP/MRO) to each and every con connection with my application for employment company, I he | oyment, including assessments of my job previous ability, and fitness(including ults, and/or my refusing to any alcohol or drug tests and any rehabilitation mpany(their authorized agents) which may request such information in reby release this company, and its employees, officers, directors, and agents ng information to the below mentioned person and/or company. |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | Safety Department (Feb 6, 2023 15:49 CST) |
| Applicant's Signature | Company representative |
| 8YUf DYfqcbbY A UbU[Yf | company representative |
| | 5 6980 or e-mail: safety@rtbrz.com. |
| | |
| Did the Applicant work for you as a driver: Yes No If No, please explain: | |
| | Date : End Date : |
| Company Driver Owner/Operator Other? | |
| Type of tractor operated: Type of | of trailer pulled: |
| Other equipment operated: Commo | dities operated: |
| Accidents: Yes No If yes, please give the date and | d brief description of each accident: |
| Traffic Violations: Yes No If yes, please list all in | ncluding the date and type of violation: |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC | ES INFORMATION |
| Alcohol tests with a result of 0.04 or greater? | No If yes, please give date: |
| Verified positive controlled substances test results? | No If yes, please give date: |
| Refusals to be tested? | No If yes, please give date: |
| Rehab completed under direction of SAP/MRO? | No If yes, please give date: |
| 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 abuse of equipment? |
| Name/Title (of person providing the above information): | |
| Company: | |
| Date: | |

| 227 | 3 | SAFETY PERFORMANCE HISTORY RECORDS REQUEST | | |
|--|--|---|--|--|
| | | - CONFIDENTIAL - | | |
| Company: MCMILLAN TRANSPORT INC (265007) | Phone: | <i>Date:</i> 02/06/23 | | |
| Address: 2 WELLMAN AVE SUITE 250 NASHUA, NH I hereby authorize this company to release all records of emp dates of any and all alcohol or drug tests, those confirmed re completion under direction of SAP/MRO) to each and every of connection with my application for employment company, I h from any and all liable type as a result of providing the follow | ployment, includin esults, and/or my i company(their aut nereby release this | thorized agents) which may request such information in scompany, and its employees, officers, directors, and agents | | |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | | Safety bepartment (Feb 6, 2023 15:49 CST) | | |
| Applicant's Signature | (| Company representative | | |
| Dear Personnel Manager The person named herein has applied to this company applicant as a past employer. Will you kindly reply to above, all liability of you and your company has been <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 4 | this inquiry resp released by the | pecting this applicant. As you will read waiver stated applicant. | | |
| Name of Applicant: Patrick Francis Detscher SSA | v: -847 | 9 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: Star | t Date : <u>8/15/2</u> | 2022 End Date : 8/30/2022 | | |
| Company Driver Owner/Operator Other? | | | | |
| Type of tractor operated: Kenworth T680 Type | of trailer pulled: | 53' Dry van | | |
| Other equipment operated: Comm | odities operated: | General Freight | | |
| Accidents: \square Yes X No \square If yes, please give the date a | nd brief descriptio | on of each accident: | | |
| Traffic Violations: Yes XNo If yes, please list all | including the date | e and type of violation: | | |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN | CES INFORMAT | ION | | |
| Alcohol tests with a result of 0.04 or greater? | X No If yes, | , please give date: | | |
| Verified positive controlled substances test results? | X No If yes | , please give date: | | |
| Refusals to be tested? | X No If yes | , please give date: | | |
| Rehab completed under direction of SAP/MRO? | X No If yes | , please give date: | | |
| Any problems with bonding? Yes No If yes, please | se explain: <u>N/A</u> | | | |
| Why did this employee leave your company? Resigned | | | | |
| Would you re-employee this person? Yes X No If r | 10, please explain | : | | |
| Additional comments: (Any problems with customer relations | s, supervision, or | abuse of equipment? | | |
| Name/Title (of person providing the above information): | cott Law / Pres | sident | | |
| Company: <u>McMillan Transport</u> Date: 2/23/23 | | | | |
| Date: 2/23/23 | | | | |

| | | 3 | SAFETY PERFORMANCE HISTORY RECORDS REQUEST |
|--|---|--|--|
| | | | - CONFIDENTIAL - |
| Company: MCMILLAN TRANSPORT INC (265007) | Pho | one: | Date: 02/06/23 |
| Address: 2 WELLMAN AVE SUITE 250 NASHUA, NH | 03064 F | Fax: | |
| I hereby authorize this company to release all records of en dates of any and all alcohol or drug tests, those confirmed r completion under direction of SAP/MRO) to each and every connection with my application for employment company, I from any and all liable type as a result of providing the follo | esults, and, company(t hereby rele | /or my re their auth ease this o | orized agents) which may request such information in company, and its employees, officers, directors, and agents |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | | | Safety Department (Feb 6, 2023 15:49 CST) |
| | | | mpany representative |
| Applicant's Signature 8YUf DYfgcbbY`A UbU[Yf | | C | inpany representative |
| H Y dYfgob bUa YX \ YfY]b \ Ug'Udd`]YX hc h]g Wza dUb Udd`]WlbhUg'U'dUghYa d`onYf"'K]``nci]bX`mfYd`mho UVcj YžU```]UV]`]ImcZnci UbX nci f Wza dUbm\Ug'VYYb <u>PLEASE BE ADVISED!</u> Mci `a UmfYd`mby FAX +1 630 | c h]g]bei o fY YUgYX 485 6980 |]fmfYgd\ Vmh\YL or e-mai | /Willb["h\]gUdd`]WibH"5gmci 'k]``fYUX'k Ujj Yf`grUhYX Idd`]Wibt" il: safety@rtbrz.com. |
| Name of Applicant: Patrick Francis Detscher 55 | <i>w:</i> 121-5 [,] | 4-8479 | 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: State Company Driver Owner/Operator Other? | | | |
| Type of tractor operated: Type | e of trailer | pulled: _ | |
| Other equipment operated: Com | modities 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 al | l including t | the date a | and type of violation: |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN | NCES INFO | ORMATIC | DN |
| Alcohol tests with a result of 0.04 or greater? | No | If yes, | please give date: |
| Verified positive controlled substances test results? Yes No If yes, please give date: | | | |
| Refusals to be tested? | No | If yes, | please give date: |
| Rehab completed under direction of SAP/MRO? | No | If yes, | please give date: |
| | | | |
| 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 relation | ns, supervis | sion, or al | puse of equipment? |
| Name/Title (of person providing the above information): | | | |
| Company: | | _ | |
| Date: | | | |

Print

Set This Request Complete

| Request / | Response | Report |
|-----------|----------|--------|
|-----------|----------|--------|

Response Tracking ID: (None)

Request #: 39378853

| K&B Transportat | ion | Overstiens shout this remark? |
|---------------------|----------------------------|-------------------------------|
| Provided By: | Sean Barragan | Questions about this report? |
| Title: | (N/A) | |
| Address: | 4700 Dakota Avenue | |
| City / State / Zip: | South Sioux City, NE 68776 | |
| Email: | sbarragan@kbtransportatio | |
| | n.com | |
| | jeff.robinson@kbtransport | |
| | ation.com | |
| | ntweten@kbtransportation. | |
| | com | |
| Phone: | 800-851-8651 | |
| Fax: | | |
| Items Requested: | EMP | |

Provided Subject Information

Patrick F Detscher

SSN: xxx-xx-8479 DOB: 07-26-1958 Date Range Provided: 09-2022 to 10-2022

Meat 2500

53

Midwest

| Original Request Information | | Provided Information | | |
|--|---|---|-----|----------------------|
| Position Held | | Position Held | | Driver |
| Reason For Leaving | | Reason For Leaving | | Voluntary Quit |
| Driver Class | | Driver Class | | Company |
| Driver Type | | Driver Type | | Solo |
| Was the driver Terminated? | | Was the driver Terminated | ? | |
| Was the driver subject to FMCSRs while employed? | | Termination Reason: Late deliveries | | |
| Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40? | | Eligible for Rehire? | | No |
| | Was the driver subject to F while employed? | MCSRs | Yes | |
| | | Was the driver's job designated as Yes | | |
| Areas Driven | | a safety sensitive function in DOT regulated mode subject to Drug | | |
| Equipment Driven | | and Alcohol testing per 49 CFR | | |
| Trailer Driven | | Part 40? | | |
| Loads Hauled | | Full Time / Part Time | | Full Time |
| | | Areas Driven | | OTR |
| | | Equipment Driven | | Conventional Tractor |
| | | Trailer Driven | | Reefer Trailer |
| | | | | |

Loads Hauled

Miles per week

Trailer Length

Number of States Driven

Activity Log

02-08-2023 06:49 AM - Jeff Robinson (K&B Transportation, Inc.)

Request was set "Submitted", authorized, and automatically fulfilled.

02-08-2023 04:08 AM - Zigi Stamenkovic

Request sent under order #17128402 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

| | 4 SAFETY PERFORMANCE HISTORY |
|---|---|
| | RECORDS REQUEST |
| | - CONFIDENTIAL - |
| Company: K&B (320526) Pho Address: 4700 DAKOTA AVENUE SOUTH SIOUX CITY, NE 68776 | one: Date: 02/06/23 |
| | including assessments of my job previous ability, and fitness(including l/or my refusing to any alcohol or drug tests and any rehabilitation their authorized agents) which may request such information in ease this company, and its employees, officers, directors, and agents |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | Salety department (Feb 6, 2023 15:49 CST) |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | |
| Applicant's Signature | Company representative |
| H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g Waa dUbmZof Ya o Udd`]WlbhUg'U'dUghYa d`onYf"K]``noti _]bX`mifYd`mho'h\]g']bei UVoj YžU```]UV]`]hmcZnoti UbX`noti f`Waa dUbm\Ug'VYYb`fY`YUgYX <u>PLEASE BE ADVISED!</u> Mci `a UmifYd`mby FAX +1 630 485 6980 |]fmfYgdYVM[b["h]g'Udd`]WbH'5g'nci k]``fYUX k Ujj Yf grUhYX {Vmh\Y`Udd`]Wbt'' or e-mail: safety@rtbrz.com. |
| Name of Applicant: Patrick Francis Detscher SSN: 121-5 | 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 : _ Company Driver Owner/Operator Other? | 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: |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO | 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? | 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: | - |
| Date: | |

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

March 1, 2023

RE: Employee Verification Requests for Patrick Francis Detscher from FEDEX Ground.

To whom it may concern:

As of February 6, 2023 I have made the following attempts to contact FEDEX Ground in order to verify Patrick Francis Detscher's employment there.

The first attempt was made on February 8, 2023 when I sent a request at <u>SAFETY@fedex.com</u> which was recommended by safety person when I reached out through phone to their office.

On February 15, 2023 I re-sent request completing the second attempt and on February 22, 2023 I have made a third and final attempt. A formal response from FEDEX Ground was never received.

Sincerely,

Mateja Markovic



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com> To: SAFETY@fedex.com

Wed, Feb 22, 2023 at 10:54 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-7.pdf 821K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com> To: SAFETY@fedex.com Wed, Feb 15, 2023 at 1:56 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-7.pdf 821K



Employment Verification for Patrick Francis Detscher

1 message

Employment Verifications <ev@rtbrz.com> To: SAFETY@fedex.com Wed, Feb 8, 2023 at 11:04 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Patrick Francis Detscher'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 <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_PatrickDetscher-7.pdf 821K

| 227 | 5 | SAFETY PERFORMANCE HISTORY RECORDS REQUEST |
|---|---|--|
| | | - CONFIDENTIAL - |
| Company: FEDEX Ground Address: | Phone: Fax: | <i>Date:</i> 02/06/23 |
| I hereby authorize this company to release all record dates of any and all alcohol or drug tests, those con- completion under direction of SAP/MRO) to each ar | rds of employment, includi nfirmed results, and/or my nd every company(their au mpany, I hereby release thi | ng assessments of my job previous ability, and fitness(including refusing to any alcohol or drug tests and any rehabilitation ithorized agents) which may request such information in s company, and its employees, officers, directors, and agents to the below mentioned person and/or company. |
| Patrick F Detscher (Feb 6, 2023 13:45 CST) | | Safet y De partment (Feb 6, 2023 15:49 CST) |
| Applicant's Signature | | Company representative |
| Udd JWJoh Ug U dUgh Ya d cmYt" K j net _joX n UVcj YžU```JUV] JmicZneti UbX neti f Wa dUbm\ PLEASE BE ADVISED! Meti a UmfYd`mby FAX Name of Applicant: Patrick Francis Detscl | \UgʻVYYbʻfY`YUgYX`VmH\` +1 630 485 6980 or e-n | nail: safety@rtbrz.com. |
| Did the Applicant work for you as a driver: Yes If No, please explain: | | |
| If employed as a driver, please answer the followin | ng: Start Date : | End Date : |
| Company Driver Owner/Operator | ther? | |
| Type of tractor operated: | Type of trailer pulled: | |
| Other equipment operated: | Commodities operated: | · |
| Accidents: Yes No If yes, please give t | the date and brief descripti | on of each accident: |
| Traffic Violations: Yes No If yes, plea | ase list all including the dat | e and type of violation: |
| INQUIRY FOR ALCOHOL AND CONTROLLED S | SUBSTANCES INFORMAT | TON |
| Alcohol tests with a result of 0.04 or greater? | Yes No If yes | s, please give date: |
| Verified positive controlled substances test results? | Yes No If yes | s, please give date: |
| Refusals to be tested? | Yes No If yes | s, please give date: |
| Rehab completed under direction of SAP/MRO? | Yes No If yes | s, please give date: |
| Any problems with bonding? Yes No If | f yes, please explain: | |
| Why did this employee leave your company? | | |
| Would you re-employee this person? Yes | No If no, please explain | 1: |
| Additional comments: (Any problems with custome | er relations, supervision, or | abuse of equipment? |
| Name/Title (of person providing the above informa | tion): | |
| Company: | | |
| Date: | | |