

**Riki Transportation Inc dba BRZ
8225 Leclair 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

A handwritten signature in black ink, appearing to read 'Mateja', enclosed within a simple rectangular box.

Order Details

Employment History Report

Print Report

Name: Patrick Francis Detscher
SSN: 8479
Case number: 28481259

[Submit a missing record request](#)*17475***Lead result: Pending**

Lead start date: / /

Lead end date: / /

Order Details

Employment History Report

Print Report

Name: Patrick Francis Detscher
SSN: 8479
Case number: 28392793

[Submit a missing record request](#)*17475***Lead result: Pending**

Lead start date: / /

Lead end date: / /

Order Details

Employment History Report

Print Report

Name: Patrick Francis Detscher
SSN: 8479
Case number: 28302700

[Submit a missing record request](#)*17475***Lead result: Pending**

Lead start date: / /

Lead end date: / /




1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: SCHNEIDER NATIONAL CARRIERS INC (264184) **Phone:** (800) 558-6767**Date:** 02/06/23**Address:** 3101 SOUTH PACKERLAND DRIVE GREEN BAY, WI 54313 **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.


 Patrick F Detscher (Feb 6, 2023 13:45 CST)


 Safety Department (Feb 6, 2023 15:49 CST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

 H Y dYfgcb bUa YX\ YfY]b \ Ug Udd' JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y
 Udd' J]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY
 UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' J]Mbt"
PLEASE BE ADVISED! Mti 'a UmYfYd' mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Patrick Francis Detscher **SSN:** 121-54-8479**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: 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: _____

Riki Transportation Inc dba BRZ
8225 Leclair 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 TRANS22PORT@gmail.com 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

A handwritten signature in black ink, appearing to be 'Mateja', enclosed within a simple rectangular box.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com>

Wed, Feb 22, 2023 at 10:47 PM

To: TRANS22PORT@gmail.com

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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com

**03DQ_PatrickDetscher-4.pdf**

821K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com>

Wed, Feb 15, 2023 at 1:47 PM

To: TRANS22PORT@gmail.com

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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com

**03DQ_PatrickDetscher-4.pdf**

821K



Employment Verifications <ev@rtbrz.com>

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

[HR Department](#)[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com**03DQ_PatrickDetscher-4.pdf**

821K




2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: 22 TRANSPORT L L C (3169638)**Phone:** (980) 225-3798**Date:** 02/06/23**Address:** 10608 RIPPLING STREAM DR NW CONCORD, NC 28027 **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.


 Patrick F Detscher (Feb 6, 2023 13:45 CST)


 Safety Department (Feb 6, 2023 15:49 CST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

 H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y
 Udd J]MbhUg U dUghYa d'cnYf K J nci J]bX mYfYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Mbh 5g nci k J fYUX k Uij Yf gUHXY
 UVcj YZU JUV JmicZnci UbX nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd J]Mbt"
PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Patrick Francis Detscher **SSN:** 121-54-8479**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: 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: MCMILLAN TRANSPORT INC (265007)**Phone:****Date:** 02/06/23**Address:** 2 WELLMAN AVE SUITE 250 NASHUA, NH 03064 **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.

Patrick F Detscher (Feb 6, 2023 13:45 CST)
Safety Department (Feb 6, 2023 15:49 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: Patrick Francis Detscher **SSN:** -8479**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 :** 8/15/2022 **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:** _____ **Commodities operated:** General Freight**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: N/A**Why did this employee leave your company?** Resigned**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):** Scott Law / President**Company:** McMillan Transport**Date:** 2/23/23




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MCMILLAN TRANSPORT INC (265007)**Phone:****Date:** 02/06/23**Address:** 2 WELLMAN AVE SUITE 250 NASHUA, NH 03064 **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.


 Patrick F Detscher (Feb 6, 2023 13:45 CST)


 Safety Department (Feb 6, 2023 15:49 CST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

 H Y dYfgcb bUa YX\ YfY]b \ Ug Udd' JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y
 Udd' J]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY
 UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' J]Mbt"
PLEASE BE ADVISED! Mti 'a UmYfYd' mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Patrick Francis Detscher **SSN:** 121-54-8479**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: 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: _____

[Print](#)[Set This Request Complete](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 39378853

K&B Transportation

Provided By: **Sean Barragan**
 Title: **(N/A)**
 Address: **4700 Dakota Avenue**
 City / State / Zip: **South Sioux City, NE 68776**
 Email: **sbarragan@kbtransportation.com**
jeff.robinson@kbtransportation.com
ntweten@kbtransportation.com
 Phone: **800-851-8651**
 Fax:
 Items Requested: **EMP**

[Questions about this report?](#)**Provided Subject Information****Patrick F Detscher**SSN: **xxx-xx-8479**DOB: **07-26-1958**Date Range Provided: **09-2022 to 10-2022****Original Request Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Provided Information

Position Held	Driver
Reason For Leaving	Voluntary Quit
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	
Termination Reason:	Late deliveries
Eligible for Rehire?	No
Was the driver subject to FMCSRs while employed?	Yes
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?	Yes
Full Time / Part Time	Full Time
Areas Driven	OTR
Equipment Driven	Conventional Tractor
Trailer Driven	Reefer Trailer
Loads Hauled	Meat
Miles per week	2500
Number of States Driven	Midwest
Trailer Length	53

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




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: K&B (320526)**Phone:****Date:** 02/06/23**Address:** 4700 DAKOTA AVENUE SOUTH SIOUX CITY, NE 68776 **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.


 Patrick F Detscher (Feb 6, 2023 13:45 CST)


 Safety Department (Feb 6, 2023 15:49 CST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

 H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y d'cgH jcbZ Mti f Z bX b H Y
 Udd J M b h U g U d U g h Ya d'cnyf K J nci J bX m f Y d m h c H g bei J m f Y g d Y M b H g Udd J M b H 5g nci k J f Y U X k U j Y f g U H Y X
 U V c j Y Z U J U V J m i c Z nci U b X nci f Wda d U b m h U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t
PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Patrick Francis Detscher **SSN:** 121-54-8479**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: 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: _____

**Riki Transportation Inc dba BRZ
8225 Leclair 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 SAFETY@fedex.com 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

A handwritten signature in black ink, appearing to be 'Mateja', enclosed within a simple rectangular box.



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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com



03DQ_PatrickDetscher-7.pdf
821K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Patrick Francis Detscher

Employment Verifications <ev@rtbrz.com>

Wed, Feb 15, 2023 at 1:56 PM

To: SAFETY@fedex.com

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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com

**03DQ_PatrickDetscher-7.pdf**

821K



Employment Verifications <ev@rtbrz.com>

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

[HR Department](#)[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com**03DQ_PatrickDetscher-7.pdf**

821K




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: FEDEX Ground**Phone:****Date:** 02/06/23**Address:****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.


 Patrick F Detscher (Feb 6, 2023 13:45 CST)


 Safety Department (Feb 6, 2023 15:49 CST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

 H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y
 Udd J]MbhUg U dUghYa d'cnYf"K J" nci _]bX mYfYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Mbh 5g nci k J" fYUX k Uij Yf gUHXY
 UVcj YZU"" JUV] JmicZnci UbX nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd J]Mbt"
PLEASE BE ADVISED! Mti a UnYfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Patrick Francis Detscher SSN: 121-54-8479

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: 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: _____