

- CONFIDENTIAL -

Date: 05/24/23

Company: ZIGI FREIGHT INC (USDOT 2828543) Phone: 6304857370

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

Ronald Quesada Soris (May 24, 2023 11:48 CDT) Safety (May	ay 24 2023 11:52 CDT)
pplicant's Signature Company	representative
Pear Personnel Manager The person named herein has applied to this company for employment in a s The person named herein has applied to this company for employment in a s The pplicant as a past employer. Will you kindly reply to this inquiry respecting The bove, all liability of you and your company has been released by the applicant series. The provided Herein was been released by the applicant series. The provided Herein He	this applicant. As you will read waive ant.
lame of Applicant: Ronald Jose Quesada Soris SSN: 771348111	Job Applying For: OTR Driver
oid the Applicant work for you as a driver: Yes No F No, please explain:	
employed as a driver, please answer the following: Start Date : 05/21/2016 Company Driver Owner/Operator Other?	
Type of tractor operated: Semi truck Type of trailer pulled: Dry var	1
ther equipment operated:N/A Commodities operated:General	al freight
ccidents: 🗌 Yes 🔀 No 💮 If yes, please give the date and brief description of each	ch accident:
raffic Violations: Yes XNo If yes, please list all including the date and typ	pe of violation:
NQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION	
Icohol tests with a result of 0.04 or greater? Yes No If yes, please	give date:
erified positive controlled substances test results? Yes No If yes, please	give date:
efusals to be tested? Yes No If yes, please	give date:
ehab completed under direction of SAP/MRO? Yes No If yes, please	give date:
ny problems with bonding? Yes № If yes, please explain:	
/hy did this employee leave your company?_ +30 days vacation	
/ould you re-employee this person? ⊠Yes ☐ No If no, please explain:	
dditional comments: (Any problems with customer relations, supervision, or abuse of	f equipment?
lame/Title (of person providing the above information): Mateja Markovic	
ompany: Royal 3	



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	elease this company, and its employees, officers, directors, and agents
from any and all liable type as a result of providing the following inform \boldsymbol{h}	rmation to the below mentioned person and/or company.
Ronald Quesada Soris (May 24, 2023 11:48 CDT)	Safety (May 24 2023 11:52 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emapplicant as a past employer. Will you kindly reply to this inquiabove, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	uiry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Ronald Jose Quesada Soris SSN: 7713	348111 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 traile	er pulled:
Other equipment operated: Commodities of	pperated:
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	g the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INF	
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 explai	in:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, pleas	se explain:
Additional comments: (Any problems with customer relations, superv	vision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	
Date:	



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Company: ZIGI FREIGHT INC (USDOT 2828543) **Phone:** 6304857370 **Date:** 05/24/23

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

from any and all liable type as a result of providing the foll	lowing inform	nation to the below me	entioned person and/or company.	
Ronald Quesada Soris (May 24, 2023 11:48 CDT)		et		
		Safety (May 24) 2023	Safety (May 24/ 2023 11:52 CDT)	
Applicant's Signature		Company repre	epresentative	
Dear Personnel Manager The person named herein has applied to this compa applicant as a past employer. Will you kindly reply t above, all liability of you and your company has bee PLEASE BE ADVISED! You may reply by FAX +1 630	to this inqui en released	iry respecting this a by the applicant.	applicant. As you will read waiver stated	
Name of Applicant: Ronald Jose Quesada Soris S	SSN: 77134	8111	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? ☐			End Date :04/27/2021	
Type of tractor operated: Semi truck Ty	pe of trailer p	pulled: Dry van		
Other equipment operated: N/A Con				
Accidents: Yes X No If yes, please give the date	e and brief de	escription of each acc	ident:	
Traffic Violations: Yes No If yes, please list a	all including t	he date and type of v	iolation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTA	ANCES INFO	RMATION		
Alcohol tests with a result of 0.04 or greater?	s No	If yes, please give d	ate:	
Verified positive controlled substances test results?	s 🔀 No	If yes, please give d	ate:	
Refusals to be tested?	s No	If yes, please give d	ate:	
Rehab completed under direction of SAP/MRO?	s No	If yes, please give d	ate:	
Any problems with bonding? Yes Nyc If yes, plo	ease explain:			
Why did this employee leave your company?+30 days va	cation			
Would you re-employee this person? ☐ Yes ☐ No ☐	If no, please	explain:		
Additional comments: (Any problems with customer relation	ons, supervis	ion, or abuse of equip	oment?	
Name/Title (of person providing the above information): _	Mateja Mark	Kovic		
Company: Royal 3		-		
Date: 06/05/2023				



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connection with my application for employment company, I nereby from any and all liable type as a result of providing the following ir	release this company, and its employees, officers, directors, and agents formation to the below mentioned person and/or company.
Ronald Quesada Soris (May 24, 2023 11:48 CDT)	Safety (May 24 2023 11:52 CDT)
Applicant's Signature	Company representative
Name of Applicant: Ronald Jose Quesada Soris SSN: 77	1348111 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?	
Type of tractor operated: Type of tra	ailer pulled:
Other equipment operated: Commoditie	s operated:
Accidents: Yes No If yes, please give the date and bri	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includ	ling the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	NFORMATION
Alcohol tests with a result of 0.04 or greater?	lo If yes, please give date:
Verified positive controlled substances test results? Yes	lo If yes, please give date:
Refusals to be tested?	lo If yes, please give date:
Rehab completed under direction of SAP/MRO?	lo If yes, please give date:
Any problems with bonding? Yes No If yes, please exp	olain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, ple	ease explain:
Additional comments: (Any problems with customer relations, sup	ervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Date:	



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from any and all liable type as a result of providing the fol	llowing inform	ation to the below me	entioned person and/or company.
Ronald Quesada Soris (May 24, 2023 11:48 CDT)		et	
		Safety (May 24/ 2023 11:52 CDT)	
Applicant's Signature		Company repres	esentative
Dear Personnel Manager The person named herein has applied to this compa applicant as a past employer. Will you kindly reply to above, all liability of you and your company has been PLEASE BE ADVISED! You may reply by FAX +1 630	to this inqui en released	ry respecting this a by the applicant.	pplicant. As you will read waiver stated
Name of Applicant: Ronald Jose Quesada Soris S	<i>SSN:</i> 77134	8111	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes N	No		
If employed as a driver, please answer the following: Sometimes of Som			End Date :
Type of tractor operated: Semi truck Ty	ype of trailer p	pulled: <u>Dry van</u>	
Other equipment operated: N/A Con	mmodities ope	erated: General freigl	<u>nt</u>
Accidents: Yes X No If yes, please give the date	e and brief de	escription of each acci	dent:
Traffic Violations: Yes No If yes, please list a	all including the	he date and type of vi	olation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTA	ANCES INFO	RMATION	
Alcohol tests with a result of 0.04 or greater?	es No	If yes, please give da	ate:
Verified positive controlled substances test results?	es No	If yes, please give da	ate:
Refusals to be tested?	es 🔀 No	If yes, please give da	ate:
Rehab completed under direction of SAP/MRO?	es 🔀 No	If yes, please give da	ate:
Any problems with bonding? Yes No If yes, pl	lease explain:		
Why did this employee leave your company? <u>+30 days va</u>	acation		
Would you re-employee this person? ☐ Yes ☐ No	If no, please	explain:	
Additional comments: (Any problems with customer relati	ions, supervisi	ion, or abuse of equip	ment?
Name/Title (of person providing the above information): _	Mateja Marko	vic	
Company: Royal 3		-	
Date: 06/05/2023			



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from any and all liable type as a result of providing the following inf	formation to the below mentioned person and/or company.
Ronald Quesada Soris (May 24, 2023 11:48 CDT)	Safety (May 24/2023 11-52 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for e	employment in a safety-sensitive position, Your finding the nquiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Ronald Jose Quesada Soris SSN: 771	1348111 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 train	iler pulled:
Other equipment operated: Commodities	s operated:
Accidents: Yes No If yes, please give the date and brief	ef description of each accident:
Traffic Violations: Yes No If yes, please list all including	ing the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION
Alcohol tests with a result of 0.04 or greater?	o If yes, please give date:
Verified positive controlled substances test results? Yes	o If yes, please give date:
issals to be tested? Yes No If yes, please give date:	
Rehab completed under direction of SAP/MRO?	o If yes, please give date:
Any problems with bonding? Yes No If yes, please expl	lain:
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):	
Date:	



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Applicant's Signature	Company representative	
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Name of Applicant: Ronald Jose Quesada Soris SSN: 77134811	1 Job Applying For: OTR Driver	
Did the Applicant work for you as a driver: Y No If No, please explain:		
If employed as a driver, please answer the following: Start Date :		
Type of tractor operated: Semi truck Type of trailer pulle	d: Dry van	
Other equipment operated: N/A Commodities operate		
Accidents: Yes X No If yes, please give the date and brief descrip	otion of each accident:	
Traffic Violations: Yes No If yes, please list all including the d	ate and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORM	ATION	
Alcohol tests with a result of 0.04 or greater?	es, please give date:	
Verified positive controlled substances test results? Yes XNo If y	es, please give date:	
Refusals to be tested?	es, please give date:	
Rehab completed under direction of SAP/MRO? \square Yes \square No \square If y	es, please give date:	
Any problems with bonding? Yes 💢 If yes, please explain:		
Why did this employee leave your company? +30 days vacation		
Would you re-employee this person? XYes No If no, please expl	ain:	
Additional comments: (Any problems with customer relations, supervision,	or abuse of equipment?	
Name/Title (of person providing the above information): Mateja Markovic Company: Royal 3 Date: 06/05/2023		



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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: Ronald Jose Quesada Soris SSN: 77134	30b 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 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 t	the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	PRMATION	
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:	
	:	
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		