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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 05/07/24**Address:** 301 NW 171ST ST MIAMI GARDENS, FL 33169 **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.

  
 Wilfredo Gonzalez Rodriguez (May 7, 2024 10:18 EDT)

  
 Kristina Milacic (May 7, 2024 10:20 EDT)

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/magYbgHj Y d'cgHjcbZ 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 J J m 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: Wilfredo Gonzales Rodriguez SSN: 442375576

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 : 10/2023 End Date : 01/2024

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: TRACTOR-TRAILER 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): GIOVANNI PEDRAZZOLI

Company: STAR TRANSPORTATION PA, INC

Date: 5/9/2024



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

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 Wilfredo Gonzalez Rodriguez (May 7, 2024 10:18 EDT)

  
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Applicant's Signature

Company representative

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 Udd J]MbhUg U dUghYa d'cnYf K J nci J]bX mYd mhc H Jg]bei JfmYgdYV]b[ H Jg Udd J]Mbh 5g nci k J fYUX k Uij Yf gUHXY  
 UVcj YZU JUV J]micZnci 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](mailto:safety@rtbrz.com).

Name of Applicant: Wilfredo Gonzales Rodriguez SSN: 442375576

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: ZIGI FREIGHT INC (DOT2828543)

Phone: (630) 485-7370

Date: 05/07/24

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.

  
 Wilfredo Gonzalez Rodriguez (May 7, 2024 10:18 EDT)

  
 Kristina Milacic (May 7, 2024 10:20 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

 H.Y dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H.g' Wda dUbmZcf Ya d'cna Ybh]b' U'gUZ/magYbg]hij Y'dcg]h'cbz'Mci f'Z]bX]b[ H.Y  
 Udd' J]MbhUg'U'dUghYa d'cnyf"K J" nci \_]bX'mfYd'mhc' H.g]bei J'mfYgdYV]b[ H.g'Udd' J]Mbh'5g'nci 'k J" fYUX'k U]j Yf'gUHYX  
 UVcj YZU"" JUV] JmicZnci 'UbX'nci f' Wda dUbm\ Ug'VYYb' fY'YUGYX VmHk Y'Udd' J]Mbh"

**PLEASE BE ADVISED!** Mci 'a UnfYd'nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Wilfredo Gonzales Rodriguez SSN: 442375576

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 : 08/22/2023 End Date : 10/21/2023

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: semi-truck Type of trailer pulled: dry van

Other equipment operated: n/a 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: \_\_\_\_\_

Why did this employee leave your company? better opportunity

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): Sofia M

Company: Zigi Freight dba Royal 3 Inc.

Date: 05/08/2024



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** ZIGI FREIGHT INC (DOT2828543)**Phone:** (630) 485-7370**Date:** 05/07/24**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.

  
 Wilfredo Gonzalez Rodriguez (May 7, 2024 10:18 EDT)

  
 Kristina Milacic (May 7, 2024 10:20 EDT)

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 Jf mYgdYV]b[ H Jg Udd' J]Mbh' 5g' nci 'k J" fYUX'k Uij Yf gUHXY  
 UVcj YZU"" JUV] JmicZ nci '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](mailto:safety@rtbrz.com).

Name of Applicant: Wilfredo Gonzales Rodriguez SSN: 442375576

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:** Terglau Inc (DOT: 3090283)**Phone:** 7086285336**Date:** 08/18/23**Address:** 1720 S MICHIGAN AVE APT 1809 CHICAGO, IL 60616 **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.

  
Wilfredo González Rodríguez (Aug 18, 2023 14:16 EDT)  
Sara Todolovic (Aug 18, 2023 16:01 EDT)

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](mailto:safety@rtbrz.com).**

**Name of Applicant:** Wilfredo Gonzales Rodriguez SSN: 442375576**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 : 02/12/2019 End Date : 07/31/2023☐ Company Driver ☒ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Dry Van Type of trailer pulled: 53 Feet

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): Ksenija Milic Company: TERGLAU INCDate: 09/01/2023



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Terglau Inc (DOT: 3090283)**Phone:** 7086285336**Date:** 05/07/24**Address:** 1720 S MICHIGAN AVE APT 1809 CHICAGO, IL 60616 **Fax:**

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 Wilfredo Gonzalez Rodriguez (May 7, 2024 10:18 EDT)

  
 Kristina Milacic (May 7, 2024 10:20 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

 H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y  
 Udd JMbH Ug U dUgh Ya d'cnYf K J nci JbX mYd mhc H Jg bei JmYgdYVmb H Jg Udd JMbH 5g nci k J fYUX k Uij Yf gUHX  
 UVcj YZU JUV JmicZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd JMbH
**PLEASE BE ADVISED!** Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Wilfredo Gonzales Rodriguez SSN: 442375576

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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**Wilfredo Gonzales Rodriguez: Employment dates**

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**Giovanni Pedrazzoli** <verification.safety@startranspa.com>

Mon, May 20, 2024 at 8:42 PM

To: Employment Verifications &lt;ev@rtbrz.com&gt;

That is correct, he worked for us from 10/2023 to 01/2024. I am sorry for the incorrect information in the last email-

Best Regards,

**Giovanni Pedrazzoli**



A. 301 NW 171st St, Miami Gardens, FL 33169

P. 267 397 8040

F. 267 395 1211

W. [startranspa.com](http://startranspa.com)

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**From:** Employment Verifications <ev@rtbrz.com>

**Sent:** Monday, May 20, 2024 2:35 PM

**To:** Giovanni Pedrazzoli <[verification.safety@startranspa.com](mailto:verification.safety@startranspa.com)>

**Subject:** Fwd: Wilfredo Gonzales Rodriguez: Employment dates

[Quoted text hidden]