Print

Xchange Report #40484677

Set This Request Complete

Request	/ Response	Report
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Response Tracking ID: (None)

Request #: 40484677

Freight One Group

Provided By:David BoskovskiTitle:(N/A)Address:5320 W 159th AveCity / State / Zip:Oak Forest, IL 60452Email:info@freightonegroup.comPhone:309-791-4866Fax:Items Requested:EMP

Requested Subject Information

Ruddy E Baez

SSN: xxx-xx-6108 DOB: 12-27-1969 Denotes a value not equal to the Provided value

Denotes a value not equal to original <u>Requested</u> value

General

2500 20

53

Questions about this report?

Date Range Requested: 04-2020 to 06-2020

Date Range Provided: 05-2020 to 06-2020

DOB: 12-27-1969

Provided Subject Information

Ruddy Baez

SSN: **xxx-xx-6108** DOB:

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

Loads Hauled

Miles per week

Trailer Length

Number of States Driven

04-13-2023 11:53 AM - David Boskovski (Freight One Group)

Response added. Request #40484677 status set to "Submitted".

04-11-2023 06:53 AM - Zigi Stamenkovic

Request sent under order #17542193 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



- CONFIDENTIAL -

Company: FREIGHT ONE GROUP INC (USDOT 3177874) Phone: (309) 408-0338

Date: 03/31/23

Address: 3030 WARRENVILLE RD STE 450-36 LISLE, IL 60532 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.

1

Rundy, Baez (Mar 31, 2023 16:57 CDT)

nt (Mar 31, 2023 16:58 CDT) Safety Depar

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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Ruddy Ernesto Baez	<i>SSN:</i> 0662961	08	Job Applying For: OTR Driver
Did the Applicant wor If No, please explain:	•	No		
If employed as a drive	er, please answer the following:	Start Date :		End Date :
Company Driver	Owner/Operator Other	r?		
Type of tractor ope	rated:	Type of trailer pulle	ed:	
Other equipment oper	rated:	Commodities operat	ed:	
Accidents: 🗌 Yes 🏾	No If yes, please give the	date and brief descri	ption of each acci	dent:
Traffic Violations:	Yes No If yes, please	list all including the o	late and type of vi	olation:
INQUIRY FOR ALCO	OHOL AND CONTROLLED SUB	STANCES INFORM	ATION	
Alcohol tests with a re	esult of 0.04 or greater?	Yes No If	yes, please give da	ate:
Verified positive contr	olled substances test results?	Yes No If	yes, please give da	ate:
Refusals to be tested?		Yes No If	yes, please give da	ate:
Rehab completed und	er direction of SAP/MRO?	Yes No If	yes, please give da	ate:
Any problems with bo		· · ·		
Why did this employe	e leave your company?			
Would you re-employ	ee this person? Yes No	If no, please exp	lain:	
Additional comments:	(Any problems with customer n	elations, supervision,	or abuse of equip	ment?
Name/Title (of person	providing the above information	ו):		
Company:				
Date:				

Print

Xchange Report #27267415

Set This Request Complete

Request / Response Re	eport
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Response Tracking ID: (None)

Request #: 27267415

Maybach International Group Inc.Provided By:Suzana MilovanovicTitle:(N/A)Address:125 windsor dr ste 116City / State / Zip:Oak Brook, IL 60523Email:safety@maybachglobal.comPhone:312-546-7557Fax:Items Requested:EMP DA ACC

Requested Subject Information

Ruddy Baez

Denotes a value not equal to the Provided value

Questions about this report?

Date Range Requested: 06-2020 to 08-2020

Date Range Provided: 06-2020 to 08-2020

SSN: xxx-xx-6108 DOB: 12-27-1969

Denotes a value not equal to original <u>Requested</u> value

Provided Subject Information

Ruddy E Baez

SSN: xxx-xx-6108 DOB: 12-28-1969

Original Request Information Provided Information Position Held Position Held **Truck Driver** Reason For Leaving Reason For Leaving resignation **Driver Class Driver Class Owner/Operator** Solo Driver Type Driver Type Was the driver Terminated? Was the driver Terminated? No 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 while employed? a safety sensitive function in DOT Was the driver's job designated as Yes regulated mode subject to Drug a safety sensitive function in DOT and Alcohol testing per 49 CFR regulated mode subject to Drug Part 40? and Alcohol testing per 49 CFR Areas Driven Part 40? Full Time / Part Time Equipment Driven **Full Time** Trailer Driven Loads Hauled

Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	General Freight
Miles per week	
Number of States Driven	48 states
Trailer Length	53 feet

Drug and Alcohol Information

Did the employee have alcohol tests with a result of 0.04 or higher? No

Did the employee have verified positive drug tests?	No
Did the employee refuse to be tested?	No
Did the employee have other violations of DOT agency drug and alcohol testing regulations?	No
Did a previous employer report a drug and alcohol rule violation to you?	No
If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	
Comments	

Accidents

No Accidents

Activity Log	
10-22-2020 03:07 PM - Suzana Milovanovic (I	Maybach International Group LLC)
Request was set "Submitted", authorized, an	d automatically fulfilled.
10-16-2020 12:49 PM - Nikola Stamenkovic	
Request sent under order #12462510 via Ne	twork 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: <u>drivers@tenstreet.com</u>



- CONFIDENTIAL -

Company: MAYBACH INTERNATIONAL GROUP INC (USDOT 2487790)

Phone: (312) 546-7557 Fax: Date: 03/31/23

Address: 5125 W 123RD ST ALSIP, IL 60803

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.

2

Rundy Baez (Mar 31, 2023 16:57 CDT)

nt
Safety Department (Mar 31, 2023 16:58 CDT)

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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Ruddy Ernesto Baez	<i>ssn:</i> 066296108	Job Applying For: OTR Driver
Did the Applicant worl If No, please explain:	k for you as a driver: Yes	No	
If employed as a drive	er, please answer the following:	Start Date :	End Date :
Company Driver	Owner/Operator Other	?	
Type of tractor oper	rated:	Type of trailer pulled:	
Other equipment oper	rated:	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 ALCO	DHOL AND CONTROLLED SUB	STANCES INFORMATION	
Alcohol tests with a re	esult of 0.04 or greater?	Yes No If yes, plea	ase give date:
Verified positive contra	olled substances test results?	Yes No If yes, plea	ase give date:
Refusals to be tested?		Yes No If yes, plea	ase give date:
Rehab completed und	er direction of SAP/MRO?	Yes No If yes, plea	ase give date:
Any problems with bo	nding? Yes No If yes	s, please explain:	
Why did this employed	e leave your company?		
Would you re-employe	ee this person? Yes No	If no, please explain:	
Additional comments:	(Any problems with customer re	elations, supervision, or abus	e of equipment?
Name/Title (of person	providing the above information):	
Company:			
Date:			

Royal 3 inc.	3 SA	FETY PERFORMANCE RECORDS REQUE - CONFIDENTIAI	ST
Company: ZIGI FREIGHT INC (DOT: 2828543)	Phone: 630485737	ro D a	ate: 09/19/23
Address: 6850 W 63RD STREET CHICAGO, IL 60638 I hereby authorize this company to release all records of employr dates of any and all alcohol or drug tests, those confirmed results completion under direction of SAP/MRO) to each and every comp connection with my application for employment company, I hereb from any and all liable type as a result of providing the following	s, and/or my refusing to bany(their authorized a by release this company	o any alcohol or drug tests and any re gents) which may request such inform , and its employees, officers, directo	ehabilitation mation in rs, and agents
him a		57	
Ruddy baez (Sep 19, 2023 13:05 EDT)	Sara Todo	rovic (Sep 19, 2023 13:17 EDT)	
Applicant's Signature	Company	representative	
8YUF DYfgobby` A UbU[Yf H\Y dYfgob bUa YX \ YfY]b \ Ug'Udd`]YX ho h\]g'Wda dUbmZof Udd`]WbhUg'U'dUghYa d`onYf'''K]``nœi `_]bX`mifYd`mho h\]g UVoj YžU```]UV]`]ImicZnœi `UbX`nœi f Wda dUbm\Ug'VYYb fY`\ <u>PLEASE BE ADVISED!</u> Nici `a UmifYd`mby FAX +1 630 485 (g]bei]fmfYgdYVMjb[YUgYXVmh\YUdd`]VVI	1)]gʻUdd`] Wubh' 5gʻnci k]`fYUX k ot''	
Name of Applicant: Ruddy Ernesto Baez SSN: 0	66296108	Job Applying For: OTR Dr	iver
Did the Applicant work for you as a driver: Yes No If No, please explain:			2023 to 07/2023 2020 to 02/2021
Type of tractor operated: Type of t	trailer pulled:		
Other equipment operated: Commodit	ties operated:		
Accidents: Yes No If yes, please give the date and b	prief description of each	accident:	
Traffic Violations: Yes No If yes, please list all inclu	uding the date and type	of violation:	_
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	INFORMATION		—
Alcohol tests with a result of 0.04 or greater?	No If yes, please g	ive date:	
Verified positive controlled substances test results? 🗌 Yes 🗸	No If yes, please g	ive date:	
Refusals to be tested?	No If yes, please g	ive date:	
Rehab completed under direction of SAP/MRO2 🗌 Yes 🕠	No If yes, please g	ive date:	
Any problems with bonding? Yes No If yes, please ex	xplain:		_
Why did this employee leave your company?			
Would you re-employee this person? 📉 es 🗌 No If no, p	please explain:		
Additional comments: (Any problems with customer relations, su	upervision, or abuse of	equipment?	
Name/Title (of person providing the above information):Sof	ija Mitic		—
Company: <u>Royal3 Inc</u> Date: <u>9/19/2023</u>			



- CONFIDENTIAL -

Company: ZIGI FREIGHT INC (USDOT 2828543)

Phone: (630) 485-7370 Fax: Date: 03/31/23

Address: 6850 W 63RD STREET CHICAGO, IL 60638

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.

3

Run dy Baez (Mar 31, 2023 16:57 CDT)

pt
Safety Department (Mar 31, 2023 16:58 CDT)

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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Ruddy Ernesto Baez	<i>SSN:</i> 066296108	Job Applying For: OTR Driver
Did the Applicant work If No, please explain:	k for you as a driver: Yes	No	
If employed as a drive	er, please answer the following:	Start Date :	End Date :
Company Driver	Owner/Operator Other	?	
Type of tractor oper	rated:	Type of trailer pulled: _	
Other equipment oper	ated:	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 a	and type of violation:
INQUIRY FOR ALCO	HOL AND CONTROLLED SUB	STANCES INFORMATIO	DN
Alcohol tests with a re	esult of 0.04 or greater?	Yes No If yes,	please give date:
Verified positive control	olled substances test results?	Yes No If yes,	please give date:
Refusals to be tested?		Yes No If yes,	please give date:
Rehab completed und	er direction of SAP/MRO?	Yes No If yes,	please give date:
Any problems with bo	nding? Yes No If yes	s, please explain:	
Why did this employee	e leave your company?		
Would you re-employe	ee this person? Yes No	If no, please explain:_	
Additional comments:	(Any problems with customer re	elations, supervision, or a	buse of equipment?
Name/Title (of person	providing the above information):	
Company:			
Date:			

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	4 SAFETY P	ERFORMANCE HISTORY
	RE	CORDS REQUEST
Royal Linc.		
0	-	CONFIDENTIAL -
Company: EAGLE LOGISTICS LLC (USDOT 2416696) Address: 3477 CORPORATE PARKWAY #100 CENTER VALLEY, PA 18034		<i>Date:</i> 03/31/23
I hereby authorize this company to release all records of employme dates of any and all alcohol or drug tests, those confirmed results, a completion under direction of SAP/MRO) to each and every compan connection with my application for employment company, I hereby from any and all liable type as a result of providing the following inf	and/or my refusing to any alcoho ny(their authorized agents) whic release this company, and its em	ol or drug tests and any rehabilitation h may request such information in poloyees, officers, directors, and agents
Rund Baez (Mar 31, 2023 16:57 CDT)	Safety Department (Mar 31,	, 2023 16:58 CDT}
Applicant's Signature	Company representativ	ve
Dear Personnel Manager The person named herein has applied to this company for en applicant as a past employer. Will you kindly reply to this in above, all liability of you and your company has been releas <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	equiry respecting this applica ed by the applicant.	nt. As you will read waiver stated
Name of Applicant: Ruddy Ernesto Baez SSN: 066	296108 Job	Applying For: OTR Driver
Did the Applicant work for you as a driver: If No, please explain: <u>He worked for Own</u> If employed as a driver, please answer the following: Start Date : Company Driver Owner/Operator Other? <u>Work</u>	ner's operador's	truch, basically as owner.
If employed as a driver, please answer the following: Start Date :	: <u>11/30/2021</u> End E	Date : 1/27/2023
Company Driver Owner/Operator	ed on owner's s	ruck.
Type of tractor operated: Tracter Type of trail Other equipment operated: Commodities	ler pulled: dry and	reefer
Other equipment operated: Commodities	operated: <u>General</u>	goads
Accidents: \Box Yes \boxed{V} No If yes, please give the date and brief		v
Traffic Violations: Yes VNo If yes, please list all includin	ng the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	IFORMATION	
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 expla	ain:	
Why did this employee leave your company? he sa, d h	1 took a vac	lation, so no notice of Leaving.
Would you re-employee this person? 🗹 Yes 🗌 No If no, plea	se explain:	Leonity.
Additional comments: (Any problems with customer relations, super		
Name/Title (of person providing the above information): Amin		KK manay r
Company: <u>Caple Logr</u> Stics LLC Date: <u>4/17/2023</u>		-



- CONFIDENTIAL -

Company: EAGLE LOGISTICS LLC (USDOT 2416696) Phone: (973) 500-6010

Address: 3477 CORPORATE PARKWAY #100 CENTER VALLEY, PA 18034 Fax:

Date: 03/31/23

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.

4

Rindy Baez (Mar 31, 2023 16:57 CDT)

nt
Safety Department (Mar 31, 2023 16:58 CDT)

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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Ruddy Ernesto Baez	<i>SSN:</i> 066296108	Job Applying For: OTR Driver
Did the Applicant wor If No, please explain:		No	
If employed as a drive	End Date :		
Company Driver	Owner/Operator Other	?	
Type of tractor ope	rated:	Type of trailer pulled:	
Other equipment ope	rated:	Commodities operated:	
Accidents: 🗌 Yes 🏼	No If yes, please give the	date and brief description of ea	ch accident:
Traffic Violations:	Yes No If yes, please	list all including the date and ty	pe of violation:
INQUIRY FOR ALCO	DHOL AND CONTROLLED SUB	STANCES INFORMATION	
Alcohol tests with a re	esult of 0.04 or greater?	Yes No If yes, please	give date:
Verified positive contr	olled substances test results?	Yes No If yes, please	give date:
Refusals to be tested?		Yes No If yes, please	give date:
Rehab completed und	er direction of SAP/MRO?	Yes No If yes, please	e give date:
Any problems with bo			
Why did this employe			
Would you re-employ	ee this person? Yes No	If no, please explain:	
Additional comments:	(Any problems with customer re	elations, supervision, or abuse o	of equipment?
Name/Title (of persor	providing the above information):	
Company:			
Date:			