Print

Set This Request Complete

Request / Response Repo

Response Tracking ID: (None)

Request #: 43580336

Royal Bengal Logistics					
Provided By:	Jeremy Perkins				
Title:	(N/A)				
Address:	9600 W. Sample Road, Suite 100				
City / State / Zip:	Coral Springs, FL 33063				
Email:	jeremy.p@rbltransports.co				
	m				
Phone:	954-228-7277				
Fax:					
Items Requested:	EMP				

Requested Subject Information

Romaine G Sancroft

SSN: xxx-xx-3144 DOB: 06-06-1994 Denotes a value not equal to the Provided value

Questions about this report?

Date Range Requested: 05-2023 to 09-2023

Denotes a value not equal to original Requested value

1500

53 FT

48

Date Range Provided: 04-2023 to 08-2023

Provided Subject Information

Romaine G Sancroft

SSN: xxx-xx-3144 DOB: 06-06-1994

Original Request Information	Provided Information		
Position Held	Position Held	OTR driver	
Reason For Leaving	Reason For Leaving	Company Closed	
Driver Class	Driver Class	Company Solo	
Driver Type	Driver Type		
Was the driver Terminated?	Was the driver Terminated?	No	
Was the driver subject to FMCSRs	Eligible for Rehire?	Yes	
while employed? Was the driver's job designated as	Was the driver subject to FMCSRs while employed?	Yes	
a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR	Yes	
Areas Driven	Part 40?		
Equipment Driven	Full Time / Part Time	Full time	
Trailer Driven	Areas Driven	OTR	
Loads Hauled	Equipment Driven	Tractor-Trailer	
	Trailer Driven	Single Trailer	
	Loads Hauled	65	

Miles per week

Trailer Length

Number of States Driven

10-18-2023 10:42 AM - Jeremy Perkins (Royal Bengal Logistics)	
Response added. Request #43580336 status set to "Submitted".	
10-13-2023 08:43 AM - Zigi Stamenkovic	
Request Re-sent via Network method	
10-06-2023 03:33 PM - Zigi Stamenkovic	
Request Re-sent via Network method	
10-01-2023 02:41 PM - Zigi Stamenkovic	
Request sent under order #18691499 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: <u>drivers@tenstreet.com</u>

	1		PERFORMANCE HISTORY ECORDS REQUEST
			- CONFIDENTIAL -
Company: ROYAL BENGAL LOGISTICS INC (DOT: 314		542287277	<i>Date:</i> 09/19/23
Address: 9600 WEST SAMPLE ROAD SUITE 100 CORAL SPRINGS,			
I hereby authorize this company to release all records of em dates of any and all alcohol or drug tests, those confirmed re 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 follow	results, and/or my company(their a hereby release th	y refusing to any ald uthorized agents) w his company, and its to the below mention	ohol or drug tests and any rehabilitation hich may request such information in employees, officers, directors, and agents oned person and/or company.
Romaine Sancroft (Sep 19, 2023 14:30 EDT)		Sara Todorovic (Sep 19,	2023 14:43 EDT)
Applicant's Signature		Company represen	tative
8YUf DYfgebbY`A UbU[Yf H\Y'dYfgeb'bUa YX`\YfY]b`\Ug'Udd`]YX'he'h\]g'Vea dUb Udd`]WIbh'Ug'U'dUghYa d`enYf''K]``nci `_]bX`mfYd`mhe UVej YžU```]UV]`]ImeZnci 'UbX'nci f Vea dUbm\Ug'VYYb <u>PLEASE BE ADVISED!</u> ' Nci `a UmfYd`mby FAX +1 630 4	ch\]g]bei]fmfY ofY`YUgYX Vmh\	'gdYV M b['H\]g'Udd Y'Udd`]V M b t '']Wold"5ginci k]``fYUX kUjjYf gHUHYX
Name of Applicant: Romaine Gyron Sancroft SS	<i>sn:</i> 15735314	4	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: Sta	art Date :	E	nd Date :
Company Driver Owner/Operator Other?			
Type of tractor operated: Typ	be of trailer pulled	l:	
Other equipment operated: Comr	modities operated	1:	
Accidents: Yes No If yes, please give the date a	and brief descript	tion of each accider	nt:
Traffic Violations: Yes No If yes, please list all	ll including the da	te and type of viola	cion:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	NCES INFORMA	TION	
Alcohol tests with a result of 0.04 or greater?	No If ye	es, please give date	
Verified positive controlled substances test results? $\hfill Yes$	No If ye	es, please give date	
Refusals to be tested?	No If ye	es, please give date	
Rehab completed under direction of SAP/MRO?	No If ye	es, please give date	
Any problems with bonding? Yes No If yes, plea	ase explain:		
Why did this employee leave your company?			
Would you re-employee this person? Yes No If	no, please expla	in:	
Additional comments: (Any problems with customer relation	ns, supervision, o	r abuse of equipme	nt?
Name/Title (of person providing the above information):			
Company:			
Date:			

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

October 19, 2023

RE: Employee Verification Requests for Romaine Gyron Sancroft from TRANSAM TRUCKING INC.

To whom it may concern:

As of September 19, 2023 I have made the following attempts to contact TRANSAM TRUCKING INC in order to verify Romaine Gyron Sancroft's employment there.

The first attempt was made on October 1, 2023 when I sent a request at <u>CVOORHEES@transamtruck.com</u> which was recommended by safety person when I reached out through phone to their office.

On October 6, 2023 I re-sent request completing the second attempt and on October 13, 2023 I have made a third and final attempt. A formal response from TRANSAM TRUCKING INC you was never received.

Sincerely,

Sara Todorovic





Employment Verification for Romaine Gyron Sancroft

Employment Verifications <ev@rtbrz.com> To: CVOORHEES@transamtruck.com Fri, Oct 13, 2023 at 3:45 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Romaine Gyron Sancroft's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Kind Regards, 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_FILE BRZ - Romaine Gyron Sancroft-4.pdf 818K



Employment Verification for Romaine Gyron Sancroft

Employment Verifications <ev@rtbrz.com> To: CVOORHEES@transamtruck.com Fri, Oct 6, 2023 at 10:34 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Romaine Gyron Sancroft's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Kind Regards, 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_FILE BRZ - Romaine Gyron Sancroft-4.pdf 818K



Employment Verification for Romaine Gyron Sancroft

1 message

Employment Verifications <ev@rtbrz.com> To: CVOORHEES@transamtruck.com Sun, Oct 1, 2023 at 9:46 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Romaine Gyron Sancroft's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Kind Regards, 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_FILE BRZ - Romaine Gyron Sancroft-4.pdf 818K



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10.13.23.

Outgoing call

13:21 (54 sec)

From (630) 566-2119 (me)

(913) 782-5300 Phone number

Create new contact

Add to existing contact

Block and report







F



(913) 782-5300



10.9.23.

Outgoing call 15:09 (55 sec)

From (630) 566-2119 (me)

(913) 782-5300 Phone number

Create new contact

Add to existing contact

Block and report





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F





10.3.23.

Outgoing call 12:51 (42 sec)

From (630) 566-2119 (me)

(913) 782-5300 Phone number

Create new contact

Add to existing contact

Block and report



	2	SAFETY PERFORMAN	CE HISTORY
		RECORDS REC)UEST
		- CONFIDENT	TIAL -
Company: TRANSAM TRUCKING INC (DO	DT: 315503) Phone: 913	7825300	<i>Date:</i> 09/19/23
Address: 15910 SOUTH 169 HIGHWAY OLA	THE, KS 66062 Fax:		
I hereby authorize this company to release all rec dates of any and all alcohol or drug tests, those of completion under direction of SAP/MRO) to each connection with my application for employment of from any and all liable type as a result of providin	onfirmed results, and/or my re and every company(their auth ompany, I hereby release this o	fusing to any alcohol or drug tests and orized agents) which may request such company, and its employees, officers, d	any rehabilitation information in irectors, and agents
Romaine Sancroft (Sep 19, 2023 14:30 EDT)	;	Sara Todorovic (Sep 19, 2023 14:43 EDT)	
Applicant's Signature		ompany representative	
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX`ho`h\] Udd`]WIbhUg'U'dUghYa d`onYf"K]``noti _]bX` UVoj YžU```]UV]`]ImroZnoti UbX`noti f`Vda dUbn <u>PLEASE BE ADVISED!</u> Noti `a UmfYd`mby FAX	mfYd`mhc`h\]g]bei]fmfYgd` i\Ug`VYYb fY`YUgYX Vmh\Y \	YVMgb[`H\]g`Udd`]VV/bh''5g`nci`k]``fY Jdd`]VV/bt''	
Name of Applicant: Romaine Gyron San	croft <i>ssn:</i> 157353144	Job Applying For: OT	R Driver
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	of each accident:	
Traffic Violations: Yes No If yes, pl	ease list all including the date a	and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED	SUBSTANCES INFORMATIO	ON	
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 custor	ner relations, supervision, or a	buse of equipment?	
Name/Title (of person providing the above inform	ation):		
Company:			
Date:			