Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

November 3, 2023

RE: Employee Verification Requests for Javier A Arriola Garcia from BOXGATE LLC.

To whom it may concern:

As of October 3, 2023 I have made the following attempts to contact BOXGATE LLC in order to verify Javier A Arriola Garcia's employment there.

The first attempt was made on October 13, 2023 when I sent a request at boxteam@boxlifeusa.com which was recommended by safety person when I reached out through phone to their office.

On October 19, 2023 I re-sent request completing the second attempt and on October 27, 2023 I have made a third and final attempt. A formal response from BOXGATE LLC you was never received.

Sincerely,

Diana Baranda

24



Employment Verifications <ev@royal3inc.com> To: boxteam@boxlifeusa.com

Fri, Oct 27, 2023 at 10:43 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia





Employment Verifications <ev@royal3inc.com>

Thu, Oct 19, 2023 at 1:43 PM

To: boxteam@boxlifeusa.com

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia





1 message

Employment Verifications <ev@royal3inc.com>

Fri, Oct 13, 2023 at 11:58 PM

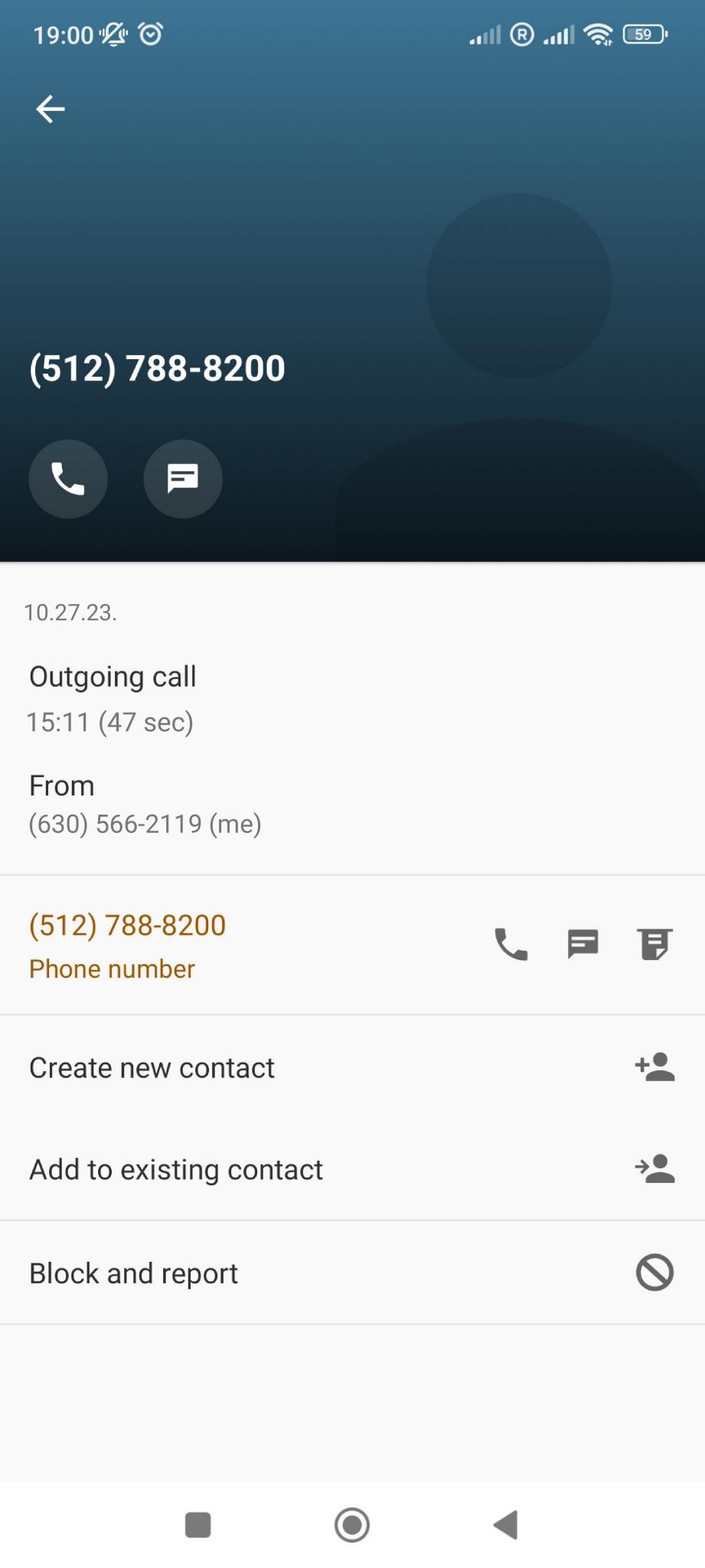
To: boxteam@boxlifeusa.com

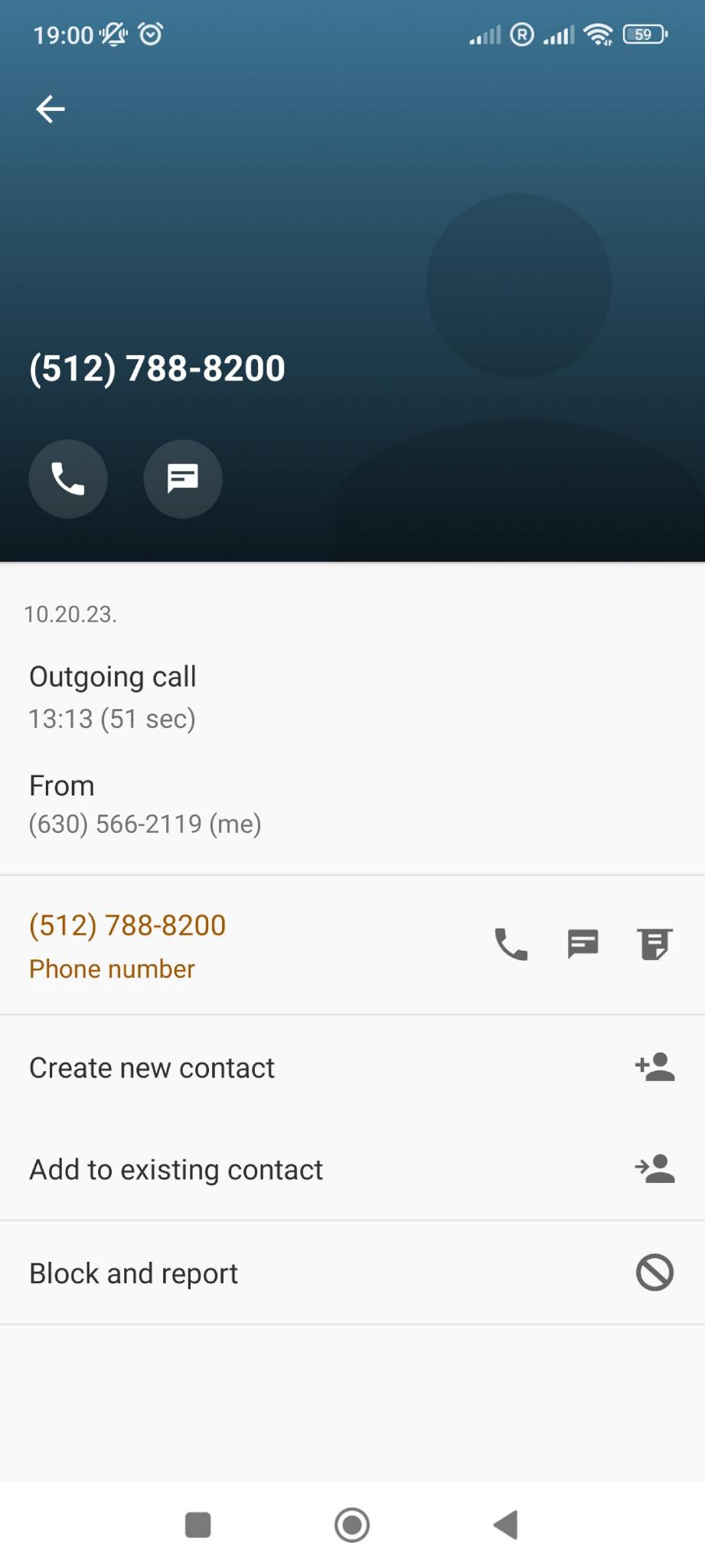
Hello,

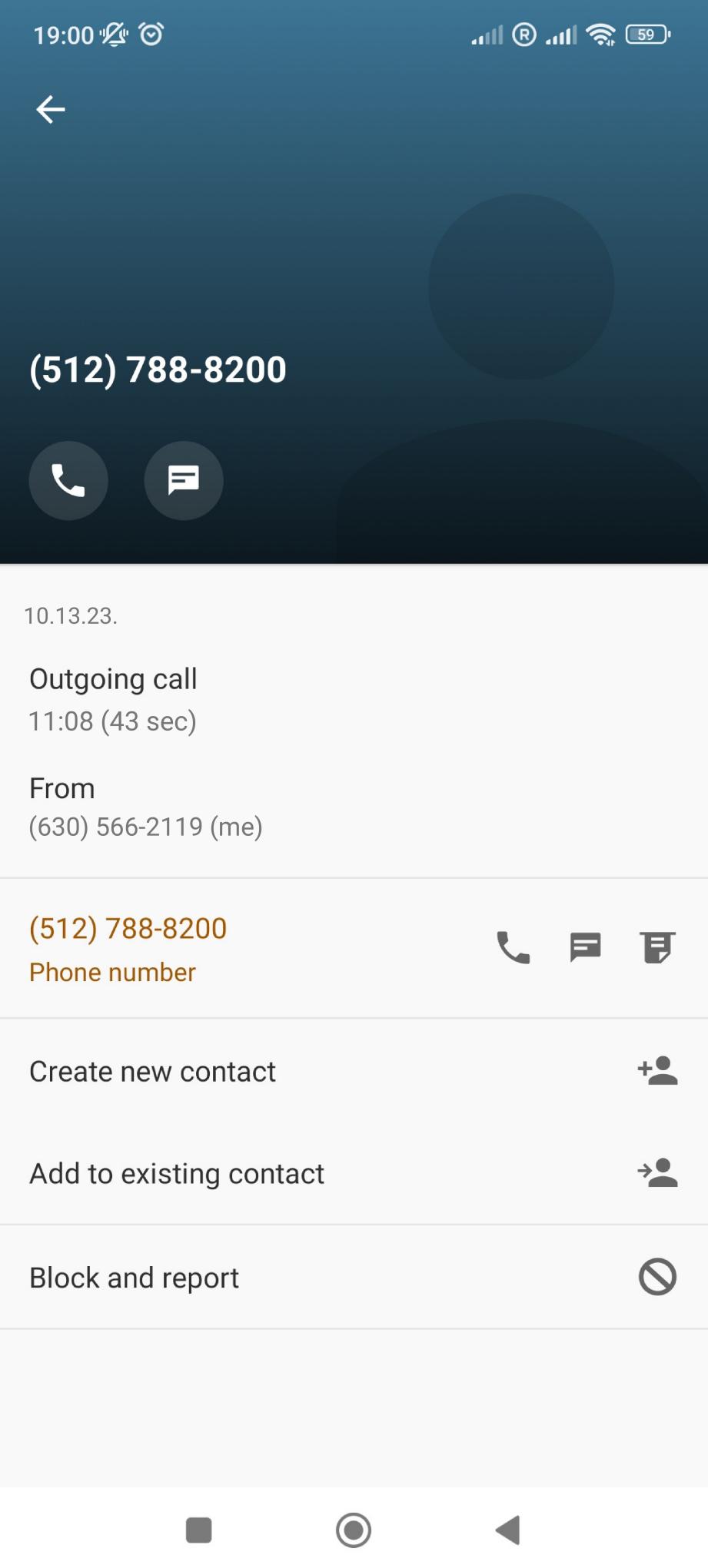
I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia











- CONFIDENTIAL -

Date: 10/03/23 Company: BOXGATE LLC (USDOT 3035559) **Phone:** (512) 788-8200 **Fax:**

Address: 15117 DEBBA DRIVE AUSTIN, TX 78734

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.

Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager (Oct 9, 2023 09:21 CDT)
Applicant's Signature	Company representative
Name of Applicant: Javier A Arriola Garcia SSN:	449-69-0180 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 Description: Company Driver Owner/Operator Other?	Date : End Date :
Type of tractor operated: Type o	of trailer pulled:
Other equipment operated: Commod	dities operated:
Accidents: Yes No If yes, please give the date and	I brief description of each accident:
Traffic Violations: Yes No If yes, please list all inc	cluding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE	S INFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results?	No If yes, please give date:
Refusals to be tested?	No If yes, please give date:
Rehab completed under direction of SAP/MRO?	No If yes, please give date:
	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:	

Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

November 3, 2023

RE: Employee Verification Requests for Javier A Arriola Garcia from WYNNE TRANSPORTATION LLC.

To whom it may concern:

As of October 3, 2023 I have made the following attempts to contact WYNNE TRANSPORTATION LLC in order to verify Javier A Arriola Garcia's employment there.

The first attempt was made on October 14, 2023 when I sent a request at pam.meadows@wthllc.com which was recommended by safety person when I reached out through phone to their office.

On October 19, 2023 I re-sent request completing the second attempt and on October 27, 2023 I have made a third and final attempt. A formal response from WYNNE TRANSPORTATION LLC you was never received.

Sincerely,

Diana Baranda



Employment Verifications <ev@royal3inc.com> To: pam.meadows@wthllc.com

Fri, Oct 27, 2023 at 10:43 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia





Employment Verifications <ev@royal3inc.com> To: pam.meadows@wthllc.com

Thu, Oct 19, 2023 at 1:43 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia





1 message

Employment Verifications <ev@royal3inc.com>

Sat, Oct 14, 2023 at 12:03 AM

To: pam.meadows@wthllc.com

Hello,

I am a safety officer from Royal3 INC company.

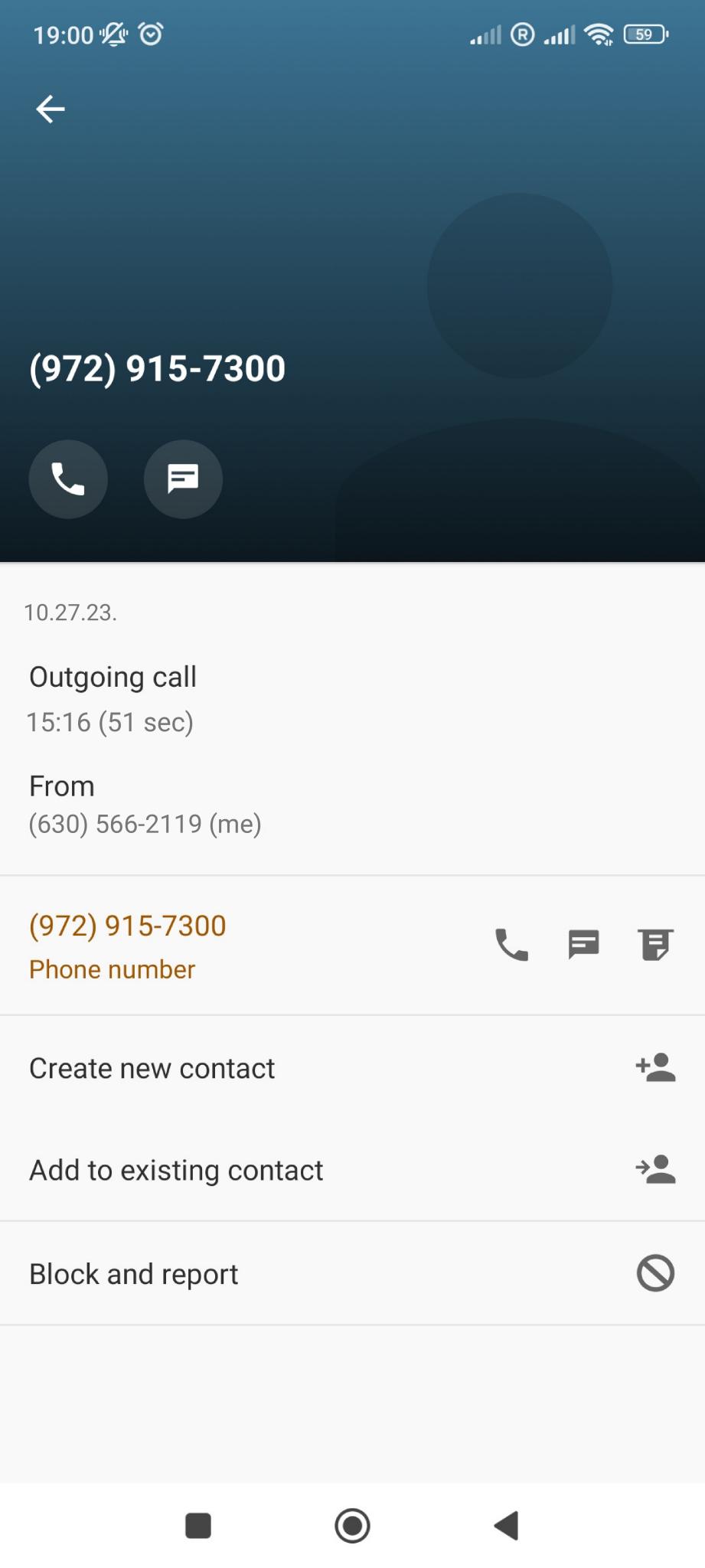
I am sending you this email to confirm Javier A Arriola Garcia's employment with your company.

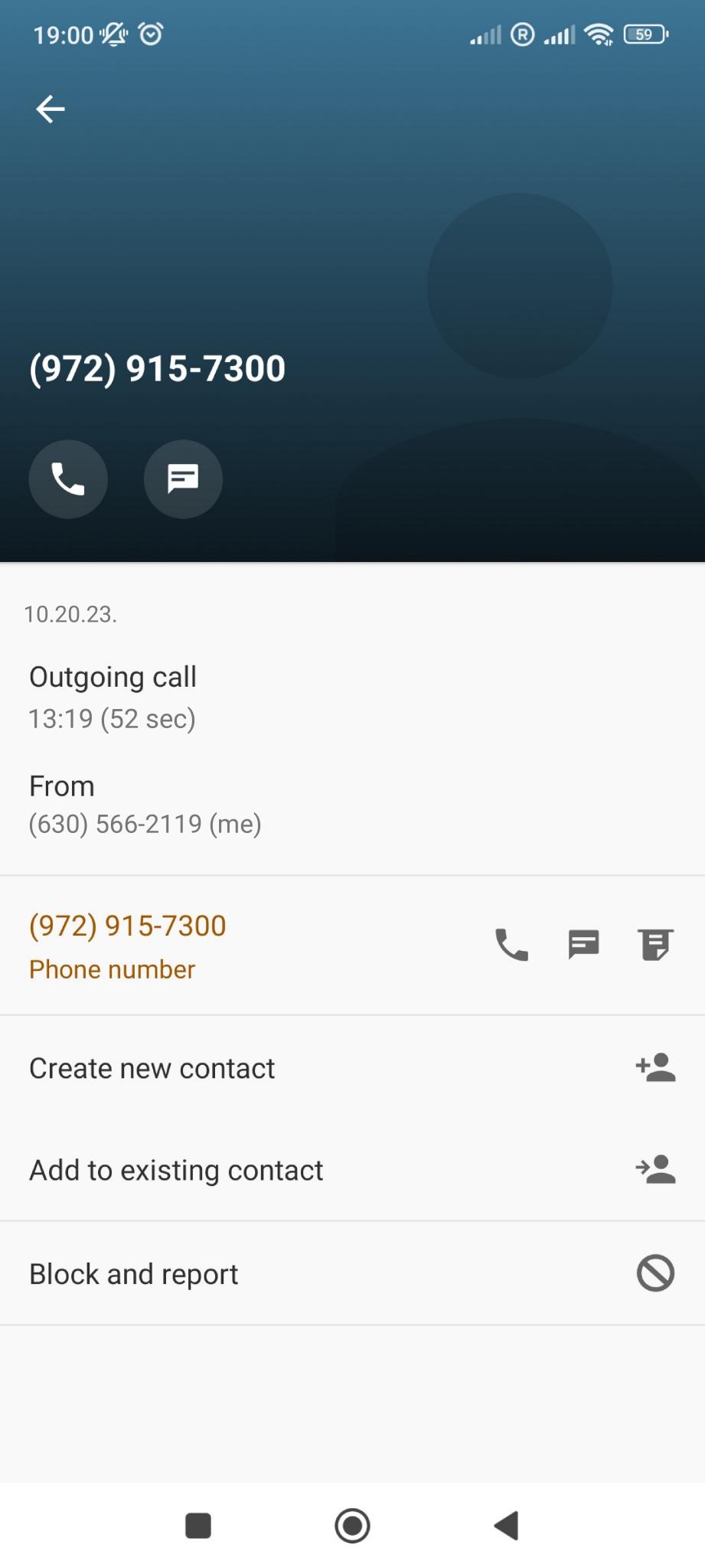
Please find the attached form, and send it back to me at your earliest convenience.

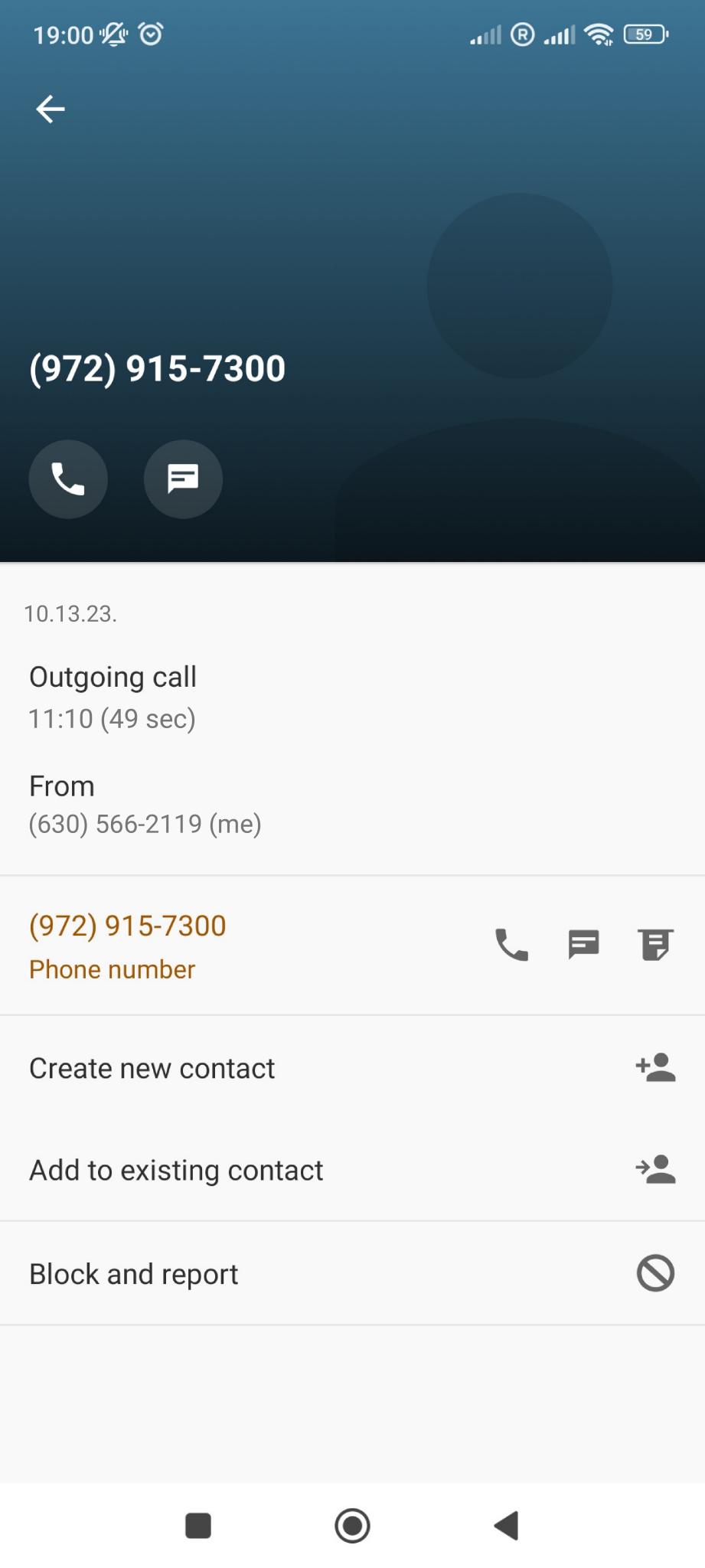
Thank you!

Sofia











- CONFIDENTIAL -

Date: 10/03/23

Company: WYNNE TRANSPORTATION LLC (USDOT 3232499) Phone: (972) 915-7300 Fax:

Address: 7650 ESTERS BLVD IRVING, TX 75063

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 refrom any and all liable type as a result of providing the following info	release this company, and its employees, officers, directors, and agents ormation to the below mentioned person and/or company.
Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager (Oct 9, 2023 09:21 CDT)
Applicant's Signature	Company representative
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 ind above, all liability of you and your company has been release PLEASE BE ADVISED! You may reply by FAX +1 630 485 698	quiry respecting this applicant. As you will read waiver stated ed by the applicant.
Name of Applicant: Javier A Arriola Garcia SSN: 449-	-69-0180 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 trail	er pulled:
Other equipment operated: Commodities	operated:
Accidents: Yes No If yes, please give the date and brief	f description of each accident:
Traffic Violations: Yes No 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 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 expla	ain:
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, super	vision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	
Date:	



- CONFIDENTIAL -

Date: 10/03/23

Company: RIKI TRANSPORTATION INC (USDOT 3119062) Phone: (708) 303-5150

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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.

3

Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager	Oct 9, 2023 09:21 CDT)
Applicant's Signature	Company repr	esentative
Dear Personnel Manager The person named herein has applied to this compar 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	this inquiry respecting this released by the applicant.	applicant. As you will read waiver stated
Name of Applicant: Javier A Arriola Garcia 55	sv: 449-69-0180	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	ort Date : 01/12/2022	End Date :
Company Driver Owner/Operator Other?		
Type of tractor operated: Semi truck Type	e of trailer pulled: Dry Van	
Other equipment operated: N/A Com	modities operated: General f	reight
Accidents: Yes No If yes, please give the date	and brief description of each ac	cident:
Traffic Violations: Yes No If yes, please list al	I including the date and type of	violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAI	NCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	☐No If yes, please give	date:
Verified positive controlled substances test results? Yes	☐No If yes, please give	date:
Refusals to be tested?	☐ 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 🤘 If yes, plea	ase explain:	
Why did this employee leave your company? <u>Better opp</u>	ortunity	
Would you re-employee this person? XYes \(\bigcap\) No If	no, please explain:	
Additional comments: (Any problems with customer relation	ns, supervision, or abuse of equi	pment?
Name/Title (of person providing the above information):	/lateja Markovic	
Date: 10/09/2023		



- CONFIDENTIAL -

Date: 10/03/23

Company: RIKI TRANSPORTATION INC (USDOT 3119062)

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

Phone: (708) 303-5150

Fax:

3

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.

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 state 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@royal3inc.com. **Name of Applicant:** Javier A Arriola Garcia **SSN: 449-69-0180 **Job Applying For: OTR Driver** Did the Applicant work for you as a driver: Yes No If No, please explain:
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 state 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@royal3inc.com. **Name of Applicant:** Javier A Arriola Garcia** SSN: 449-69-0180** 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: 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: Refusals to be tested? Yes No If yes, please give date: Any problems with bonding? Yes No If yes, please explain: Any problems with bonding? Yes No If yes, please explain:
Did the Applicant work for you as a driver: Yes No If No, please explain:
If No, please explain:
Company Driver Owner/Operator Other? Type of tractor operated: Type of trailer pulled: Other equipment operated: Commodities operated: Accidents:
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: Any problems with bonding? Yes No If yes, please explain: Any problems with bonding? Yes No If yes, please explain: And
Accidents:
Traffic Violations:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION Alcohol tests with a result of 0.04 or greater?
Alcohol tests with a result of 0.04 or greater?
Verified positive controlled substances test results?
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:
Rehab completed under direction of SAP/MRO?
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:



- CONFIDENTIAL -

Date: 10/03/23

Company: RIKI TRANSPORTATION INC (USDOT 3119062) **Phone:** (708) 303-5150 Fax:

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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

5

from any and all liable type as a result of providing the following inf	formation to the below mentioned person and/or company.
Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager (oct 9, 2023 09:21 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for e applicant as a past employer. Will you kindly reply to this ir above, all liability of you and your company has been releas PLEASE BE ADVISED! You may reply by FAX +1 630 485 69	nquiry respecting this applicant. As you will read waiver stated sed by the applicant.
Name of Applicant: Javier A Arriola Garcia SSN: 449	9-69-0180 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?	: 02/07/2023 End Date : 04/25/2023
Type of tractor operated: Semi truck Type of tra	iller pulled:
Other equipment operated: N/A Commodities	
Accidents: 🗌 Yes 🔀 No 🏻 If yes, please give the date and brie	ef description of each accident:
Traffic Violations: Yes XNo If yes, please list all includi	ing the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	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:
Refusals to be tested?	o If yes, please give date:
Rehab completed under direction of SAP/MRO?	o If yes, please give date:
Any problems with bonding? Yes 🤘 If yes, please expl	lain:
Why did this employee leave your company? Better opportunity	
Would you re-employee this person?	ase explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information): <u>Mateja</u> Company: <u>BRZ</u>	a Markovic
Date: 10/09/2023	



- CONFIDENTIAL -

Date: 10/03/23

Company: RIKI TRANSPORTATION INC (USDOT 3119062) Phone: (708) 303-5150 Fax:

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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

5

from any and all liable type as a result of providing the following info	formation to the below mentioned person and/or company.	
Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safaty manager (Inct o. 2022 09:21 CDT)	
Applicant's Signature	Company representative	
Dear Personnel Manager	company representative	
The person named herein has applied to this company for e	nquiry respecting this applicant. As you will read waiver stated sed by the applicant.	
Name of Applicant: Javier A Arriola Garcia SSN: 449	9-69-0180 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 trail	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 includir	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 No	o If yes, please give date:	
Refusals to be tested?		
Rehab completed under direction of SAP/MRO?	o If yes, please give date:	
Any problems with bonding? Yes No If yes, please expla	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, super	ervision, or abuse of equipment?	
Name/Title (of person providing the above information):		
D. L.		





Request / Response Report

Response Tracking ID: (None)

Request #: 43885696

J&R Schugel Trucking

Provided By: Emma Alfred Title: Recruiter

Address: 2026 N Broadway
City / State / Zip: New Ulm, MN 56073
Email: SheilaS@jrschugel.com

Phone: **507-550-3047**

Fax:

Items Requested: EMP

Questions about this report?

Provided Subject Information

Javier A Arriola Garcia

SSN: xxx-xx-0180 DOB: 10-22-1965 Date Range Provided: 10-2022 to 01-2023

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 an Alcohol testing per 49 CFR Part 40?	
Areas Driven	
Equipment Driven	
Trailer Driven	
Loads Hauled	

Provided Information

Position Held	OTR Company Driver
Reason For Leaving	Voluntary
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	
Eligible for Rehire?	Review
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	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	
Miles per week	
Number of States Driven	
Trailer Length	53

Activity Log

10-18-2023 08:04 AM - Emma Alfred (J&R Schugel Trucking, Inc.)

Response added. Request #43885696 status set to "Submitted".

10-18-2023 05:18 AM - Zigi Stamenkovic

Request sent under order #18804469 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 -

Date: 10/03/23

Company: J&R SCHUGEL TRUCKING INC (USDOT 116455) Phone: (404) 363-4755

Address: 317 CASH MEMORIAL BLVD FOREST, GA 30297 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.

Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager (oct 9, 2023 09:21 CDT)
Applicant's Signature	Company representative
Name of Applicant: Javier A Arriola Garcia SSN: 4	49-69-0180 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	ete : End Date :
Type of tractor operated: Type of tractor operated:	trailer pulled:
Other equipment operated: Commodit	cies operated:
Accidents: Yes No If yes, please give the date and b	orief 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 give date:
Verified positive controlled substances test results?	No If yes, please give date:
Refusals to be tested?	No If yes, please give date:
Rehab completed under direction of SAP/MRO?	No If yes, please give date:
Any problems with bonding? Yes No If yes, please e	xplain:
Why did this employee leave your company?	
Would you re-employee this person? Yes 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):	
Date:	

Print

Request / Response Report

Response Tracking ID: 725802

Request #: 43830288

US Xpress

Provided By: Kristof Eugenio

Title: (N/A)

Address: 4080 Jenkins Road
City / State / Zip: Chattanooga, TN 37421
TenstreetXchangeDistribut

ionUSX@usxpress.com

Phone: **800-251-6291** Fax: **423-485-7165**

Items Requested: EMP

Questions about this report?

Requested Subject Information

Javier A Arriola Garcia

SSN: xxx-xx-0180 DOB: 10-22-1965 Denotes a value not equal to the Provided value

Date Range Requested: 08-2023 to 09-2023

Provided Subject Information

JAVIER A ARRIOLA GARCIA

SSN: **xxx-xx-0180** DOB: **10-22-1965** Denotes a value not equal to original Requested value

Date Range Provided: 08-2023 to

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

Barrier and American	
Provided	Information

Position Held

Driver

Reason For Leaving

Driver Class

Driver Type

Was the driver Terminated?

Eligible for Rehire?

Review

Company

Was the driver subject to FMCSRs Yes

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?

Full Time / Part Time

Areas Driven

otr

Van

Equipment Driven

Tractor-Trailer

Loads Hauled

Trailer Driven

Miles per week

Number of States Driven

Trailer Length

53

Activity Log

10-16-2023 05:45 AM - Kristof Eugenio (US Xpress, Inc.)

Response added. Request #43830288 status set to "Submitted".

10-13-2023 05:16 PM - Zigi Stamenkovic

Request sent under order #18784077 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: US XPRESS (USDOT 303024) Phone: (423) 510-3000 Date: 10/03/23

Address: 4080 JENKINS RD CHATTANOOGA, TN 37421 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 following infor	mation to the below me	entioned person and/or company.
Javier Arriola Garcia (Oct 3, 2023 13:20 CDT)	Safety manager	Vict 9 2023 09:21 CDT)
Applicant's Signature	Company repre	sentative
Dear Personnel Manager The person named herein has applied to this company for em applicant as a past employer. Will you kindly reply to this inq above, all liability of you and your company has been release PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	nployment in a safety uiry respecting this a d by the applicant.	-sensitive position, Your finding the applicant. As you will read waiver stated
Name of Applicant: Javier A Arriola Garcia SSN: 449-6	69-0180	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 DriverOwner/OperatorOther?		End Date :
Type of tractor operated: Type of traile	er pulled:	
Other equipment operated: Commodities o	perated:	
Accidents: Yes No If yes, please give the date and brief	description of each acc	ident:
Traffic Violations: Yes No If yes, please list all including	the date and type of v	iolation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INF	ORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give d	ate:
Verified positive controlled substances test results? Yes No If yes, please give date:		
Refusals to be tested?		
Rehab completed under direction of SAP/MRO?		
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: (Any problems with customer relations, superv	/ision, or abuse of equip	oment?
Name/Title (of person providing the above information):		
Data		