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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: LIONEX LLC (USDOT 3837723)

Phone: (404) 594-1090

Date: 12/13/23

Address: 5365 PRANCING PASS CUMMING, GA 30040 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.


William Virgil III Allen (Dec 13, 2023 12:26 EST)
Safety Manager (Dec 28, 2023 09:22 CST)

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. Both the driver and the company mutually agreed it was time to part ways

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

Name of Applicant: William Virgil Allen III SSN: 256551245

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 : 03/30/2023 End Date : 12/04/2023☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck 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? Both the driver and the company mutually agreed to part waysWould you re-employee this person? ☒ Yes ☐ No If no, please explain: _____Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? NOName/Title (of person providing the above information): John/DispatcherCompany: Lionex LLCDate: 12/28/2023



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

Name of Applicant: William Virgil Allen III **SSN:** 256551245**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: _____



Driver iQ

4500 S 129TH EAST AVE SUITE 127.
TULSA, OK 74134-5801
Telephone: (877) 867-2359
Fax: (918) 591-2854

Date Requested: 12/28/2023
Date Completed: 01/19/2024
Date,Time Printed: 01/19/2024, 09:55:57
Client ID: XA33U7
Case Number: 32066834

Candidate Name: Allen, William Virgil III
Current Address:
UNITED STATES

Email:
Phone Number:

Employment History Report

INVESTIGATIVE DETAIL

SingleCheck Employment Verification

Completed:01/19/2024 04:35

Type: 17453 - STANDARD
Description: SingleCheck Employment Verification

CARRIER INFORMATION: USDOT# :154237
KLLM TRANSPORT SERVICES LLC
DBA : KLLM TRANSPORT SERVICES LLC
135 RIVERVIEW DRIVE PHONE :601-939-2545
RICHLAND MS 39218

CARRIER TYPE RECORD AVAILABILITY
EQ-VTT LAST CARRIER UPDATE : 01/18/2024
EQ-TREFER DRIVER RECORDS SINCE: 01/01/1980
LD-GENC ACCIDENT/INCIDENT AVAILABLE : YES
CURRENT DRIVER AVAILABLE : YES

ADDITIONAL NOTES:
NOTE: KLLM PROVIDES ACCIDENT INFORMATION AS THEY OCCUR.

NON-FMCSA DOT REGULATED EMPLOYERS (FAA/FTA/FRA/PHMSA/USCG) FOR DRUG AND ALCOHOL RECORDS WILL NEED TO CONTACT KLLM TRANSPORT DIRECTLY VIA EMAIL AT KHALL@KLLM.COM

FOR FMCSA REGULATED EMPLOYERS - EMPLOYERS MUST USE THE FMCSA DRUG & ALCOHOL CLEARINGHOUSE TO OBTAIN THE RESULTS OF DOT DRUG OR ALCOHOL TESTS OR REFUSALS CONDUCTED UNDER THE AUTHORITY OF 49 CFR PART 382.

DRIVER INFORMATION:
NAME : ALLEN, WILLIAM V SSN : XXX-XX-XXXX
PHONE 4044541799 DOB : 09/27
MV LIC 1: GA-049652954
ADDRESS : 2331 HEADLAND DR ATLANTA GA 30344

EQUIP TYPE : TRACTOR TRAILER (NON-SPECIFIC), EQ-TREFER
LOADS HAULED : GEN COMMODITY, REFRIGERATED
DRIVER EXP : OVER THE ROAD, 48 STATES

WORK DETAIL
FROM TO COMPANY : KLLM TRANSPORT SERVICES LLC
08/30/2013 02/03/2014 POSITION : COMPANY DRIVER
REASON FOR LEAVING : NO CONTACT
VOL / INVOL : VOLUNTARY

ELIGIBLE FOR REHIRE: REVIEW

=====

ACCIDENT/INCIDENT DETAIL : 0 ACCIDENT/INCIDENT RECORDS REPORTED FOR DRIVER.

***** *END OF REPORT* *****

CONFIDENTIAL



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: KLLM TRANSPORT SERVICES LLC (USDOT 154237) **Phone:** (800) 925-1000**Date:** 12/13/23**Address:** 135 RIVERVIEW DRIVE JACKSON, MS 39218 **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.


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

Name of Applicant: William Virgil Allen III **SSN:** 256551245**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? _____

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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: _____