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JORDAN HOLDINGS INC

Walls Darrin Lavern[Re-Send Request](#)Dates Requested: **11-2023** to **07-2024**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **266-67-9278**Date Requested: **08-06-2024**DOB: **11-26-1971**[Log Phone Attempt](#)Request Method: **Network**Attempts: **2**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **08-10-24** [Edit](#) [Delete](#)

Request #: 48699523

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 48699523

JORDAN HOLDINGS INC

Provided By: **Mihailo Pavlovic**Title: **(N/A)**Address: **5650 PAUL BLAZER PKWY STE 186**City / State / Zip: **DUBLIN, OH 43017**Email: **safety@jhitransport.com**Phone: **570-421-5115**

Fax:

Items Requested: **EMP**[Questions about this report?](#)

Requested Subject Information

☐ Denotes a value not equal to the Provided value**Walls Darrin Lavern**SSN: **xxx-xx-9278**DOB: **11-26-1971**Date Range Requested: **11-2023** to **07-2024**

Provided Subject Information

☐ Denotes a value not equal to original Requested value**Darrin LA Walls**SSN: **xxx-xx-9278**DOB: **11-26-1971**Date Range Provided: **12-2023** to **05-2024**

Original Request Information

Provided Information

Position Held	Position Held	Driver
Reason For Leaving	Reason For Leaving	Quit
Driver Class	Driver Class	Owner/Operator
Driver Type	Driver Type	Solo
Was the driver Terminated?	Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	Eligible for Rehire?	Review
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?	Was the driver subject to FMCSRs while employed?	Yes
Areas Driven	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
Equipment Driven	Full Time / Part Time	Full time

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

Activity Log

08-09-2024 08:19 AM - Mihailo Pavlovic (JORDAN HOLDINGS INC)

Response added. Request #48699523 status set to "Submitted".

08-09-2024 07:58 AM - Zigi Stamenkovic

Request Re-sent via Network method

08-06-2024 01:05 PM - Zigi Stamenkovic

Request sent under order #20624928 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: JORDAN HOLDINGS INC (DOT1351000) **Phone:** (307) 222-6756**Date:** 08/01/24**Address:** 5650 PAUL BLAZER PKWY STE 186 DUBLIN, OH 43017 **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.

Walls Darrin Lavern (Aug 1, 2024 16:02 EDT)

Kristina Milacic (Aug 1, 2024 16:04 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 J Wbh Ug U dUghYa d'cnYf K J nci JbX mfyd mhc H Jg bei JfmfygdYVb H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Walls Darrin Lavern SSN: 266679278**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: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 08/01/24**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.

Walls Darrin Lavern (Aug 1, 2024 16:02 EDT)

Kristina Milacic (Aug 1, 2024 16:04 EDT)

Applicant's Signature

Company representative

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H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHj Y d'cgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYV M b H g Udd J Wbh 5g nci k J fYUX k Uj Yf g UH X Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

PLEASE BE ADVISED! Mti a Umfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Walls Darrin Lavern SSN: 266679278

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: X Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : 05/2023 End Date : 09/2023

☒ 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: N/A

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? UNKNOWN

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: 8/6/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 08/01/24**Address:** 301 NW 171ST ST MIAMI GARDENS, FL 33169 **Fax:**

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Company representative

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Udd J W b h U g U d U g h Y a d'c n Y f " K J " n c i J b X m f Y d m h c H g j b e i J m f Y g d Y M j b H g U d d J W b h " 5 g n c i 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 V J J m c Z n c i U b X n c i f W d a d U b m U g V Y Y b f Y Y U g Y X V n h Y U d d J W b t "

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

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Job Applying For: OTR Driver

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Any problems with bonding? Yes No If yes, please explain: _____

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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: _____