

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

September 11, 2024

RE: Employee Verification Requests for Honore Louiskenson from Circle O Inc.

To whom it may concern:

As of August 20, 2024 I have made the following attempts to contact Circle O Inc. in order to verify Honore Louiskenson's employment there.

The first attempt was made on August 20, 2024 when I sent a request at Tenstreet which was recommended by safety person when I reached out through phone to their office.

On August 27, 2024 I re-sent request completing the second attempt and on August 29, 2024 I have made a third and final attempt. A formal response from Circle O Inc. was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'KM', is positioned above a solid blue horizontal line.

[Print](#)

Circle O Inc.

Honore Louiskenson[Re-Send Request](#)Dates Requested: **11-2023** to **04-2024**Status: Pending ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **877-88-5541**Date Requested: **08-20-2024**DOB: **09-22-1991**[Log Phone Attempt](#)Request Method: **Email**Attempts: **3**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **08-30-24** [Edit](#) [Delete](#)

Request #: 48945867

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Awaiting Response****Request / Response Report**

Response Tracking ID: (None)

Request #: 48945867

Circle O Inc.

Address: **8044 MONTGOMERY RD STE 700-7306**
City / State / Zip: **CINCINNATI, OH 60609**
Email: **hr@cdl4hire.com**
Phone: **440-397-5696**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**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

Provided Information

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Eligible for Rehire?
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?
Full Time / Part Time
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled
Miles per week
Number of States Driven
Trailer Length

Activity Log

08-29-2024 02:11 PM - Zigi Stamenkovic

Request Re-sent via Email method(hr@cdl4hire.com)

08-27-2024 11:09 AM - Zigi Stamenkovic

Request Re-sent via Email method(hr@cdl4hire.com)

08-20-2024 01:51 PM - Zigi Stamenkovic

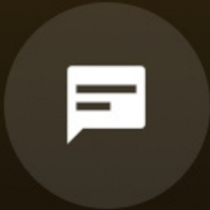
Request sent under order #20720046 via **Email** method. Sent to email address hr@cdl4hire.com

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



CIRCLE 0 INC



8.26.24.

Outgoing call

15:28 (59 sec)

From

(630) 566-2119 (me)

(513) 991-2422

Phone number



Create new contact



Add to existing contact

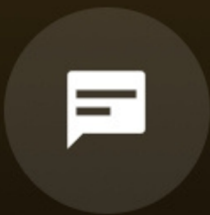


Block and report





CIRCLE 0 INC



8.23.24.

Outgoing call

13:15 (51 sec)

From

(630) 566-2119 (me)

(513) 991-2422

Phone number



Create new contact



Add to existing contact



Block and report





CIRCLE 0 INC



8.21.24.

Outgoing call

12:01 (49 sec)

From

(630) 566-2119 (me)

(513) 991-2422

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CIRCLE O INC (DOT3063897)**Phone:** (513) 991-2422**Date:** 08/20/24**Address:** 8044 MONTGOMERY RD STE 700 CINCINNATI, OH 45236 **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.

Honore Louiskenson (Aug 20, 2024 12:08 CDT)

Kristina Milacic (Aug 20, 2024 13:10 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb bUa YX\ YfY]b\ UgUdd' JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ'Mci f Z]bX]b[H Y Udd' WbhUg U dUghYa d'cnyf"K J" nci _]bX' mfyd' mhc H Jg]bei Jf mfygdYV]b[H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHYX Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant: Honore Louiskenson SSN: 877885541

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: _____

[Print](#)

AFF Trans LLC

Honore Louiskenson[Re-Send Request](#)Dates Requested: **03-2023 to 11-2023**

Status: Submitted ▼

[Add/Edit Note](#)Items Requested: **EMP**SSN: **877-88-5541**Date Requested: **08-20-2024**DOB: **09-22-1991**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **Auto Provided**Count towards Experience ☐[Summary](#)Next Action Date: **08-21-24** [Edit](#) [Delete](#)**Request #:** 48945974[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 48945974**AFF Trans LLC**

Provided By: **Corina Marc**
Title: **Recruiter**
Address: **823 Paisley Ct**
City / State / Zip: **Naperville, IL 60540**
Email: **elvina@afftrans.com**
Phone: **630-788-4113**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**■ Denotes a value not equal to the Provided value**Honore Louiskenson**SSN: **xxx-xx-5541**
DOB: **09-22-1991**Date Range Requested: **03-2023 to 11-2023****Provided Subject Information**■ Denotes a value not equal to original Requested value**Louiskenson Honore**SSN: **xxx-xx-5541**
DOB: **09-22-1991**Date Range Provided: **03-2023 to 11-2023****Original Request Information****Provided Information**

Position Held	Truck Driver
Reason For Leaving	Resigned
Driver Class	Lease Purchase
Driver Type	Solo
Was the driver Terminated?	
Was the driver subject to FMCSRs while employed?	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?	Yes
Areas Driven	Yes
Equipment Driven	Yes
Full Time / Part Time	FULL TIME

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

Activity Log

08-20-2024 03:04 PM - Corina Marc (AFF Trans LLC)

Request was set "Submitted", authorized, and automatically fulfilled.

08-20-2024 01:53 PM - Zigi Stamenkovic

Request sent under order #20720077 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: A F F TRANS LLC (DOT1730271)**Phone:** (630) 382-3377**Date:** 08/20/24**Address:** 2451 SHARON CT NAPERVILLE, IL 60564**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.

Honore Louiskenson (Aug 20, 2024 12:08 CDT)

Kristina Milacic (Aug 20, 2024 13:10 EDT)

Applicant's Signature

Company representative

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H Y dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H Jg Wda dUbmZcf Ya d'cna Ybh]b' U gUZ/magYbg]hij Y d'cg]h'cbZ'Mci f Z]bX]b[H Y Udd' WbhUg' U dUghYa d'cnyf"K J" nci _]bX' mfyd' mhc' H Jg]bei JfmfygdYV]b[H JgUdd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXY Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant: Honore Louiskenson SSN: 877885541

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: _____

Order Details

Employment History Report

[Print Report](#)

Name: Honore Louiskenson
SSN: 5541
Case number: 35273858

[Submit a missing record request](#)

15112

Lead result: Completed

Lead start date: 08/20/2024

Lead end date: 09/11/2024

=====

CARRIER INFORMATION:	USDOT# :
Western Express, Inc.	
1612 S Bethel Rd.	PHONE : (256) 355-5333
Decatur AL 35603-5408	

CARRIER TYPE	RECORD AVAILABILITY
-----	-----
	LAST CARRIER UPDATE : 09/10/2024
	DRIVER RECORDS SINCE: / /
	ACCIDENT/INCIDENT AVAILABLE : Yes
	CURRENT DRIVER AVAILABLE : Yes

=====

DRIVER INFORMATION:	
NAME : HONORE, LOUISKENSON	SSN : 877-88-5541
PHONE 3178456518	DOB : 09/22
MV LIC 1: MA-SA1581143	
ADDRESS : 3951 WIND INDIANAPOL IN 46254	

EQUIP TYPE : Not Provided
LOADS HAULED : Not Provided
DRIVER EXP : Not Provided

WORK DETAIL

FROM	TO	COMPANY	:	Western Express, Inc.
12/21/2022	01/24/2023	POSITION	:	Company Driver
		REASON FOR LEAVING	:	Job Abandonment
		VOL / INVOL	:	Not Provided
		ELIGIBLE FOR REHIRE:	:	YES

=====

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



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: WESTERN ENTERPRISES INC (DOT21111562)**Phone:** (559) 205-0716**Date:** 08/20/24**Address:** 5501 W MISSION AVE FRESNO, CA 93722**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.

Honore Louiskenson (Aug 20, 2024 12:08 CDT)

Kristina Milacic (Aug 20, 2024 13:10 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYVb H g Udd J Wbh 5g nci k J fYUX k Uij 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 Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Honore Louiskenson SSN: 877885541

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: _____