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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: EAST - WEST EXPRESS INC 260501

Phone: 7704591159

Date: 07/08/25

Address: 15051 VETERANS MEMORIAL HIGHWAY VILLA RICA, GA 30180-0755 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.

Cameron Morte Hampton (Jul 10, 2025 10:03 CDT)

Safety Department (Jul 10, 2025 10:09 CDT)

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.

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

Name of Applicant: Cameron Morte Hampton SSN: 421-37-0771

Job Applying For: Otr

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 : 12-2024 End Date : 3-2025☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Sleeper Tractor Type of trailer pulled: Reefer

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: 12-24 Side swiped another truck
2-4-24 Did U TURN & TOOK OUT WATER LINES AT A HOUSING

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? Disid OffWould you re-employee this person? ☐ Yes ☒ No If no, please explain: _____Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? NeverName/Title (of person providing the above information): Helen Adams Safety Asst.Company: East-West ExpressDate: 7-11-2025