

FAX

TO Chad
FAX 972 532 9272
PHONE _____
SUBJECT _____

FROM Misty Winter
FAX 806 744 2992
PHONE (806)766-2913
DATE ~~2/20/26~~ 2/24/26

COMMENTS

SEE ATTACHED 5 pages



TX REPORT

JOB NO. 2284
User Name mxwinte
ST. TIME 02/20 10:42
SHEETS 8
FILE NAME

TX INCOMPLETE -----
TRANSACTION OK -----
ERROR 18887198911

02/19/26 14:05:33 First Advantage ->

Wellness Advantage Page 001

031454301a

Request ID 031454301



First Advantage
1800 Exit 5 Pkwy Suite 120
Fishers, IN 46037
Phone: (866) 569-5416
Fax: (888) 719-8911

*
a31454301a
*

Employment Verification

To: MISTY.ATTN:DOT VERIFICATION, HR REPRESENTATIVE
Fax: 8067662992

In reference to the Employment Verification request being performed on behalf of AARON FERGUSON, we need additional information from you to complete this order.

Attached please find the signed release authorization.

CID: 339740874

Verification Information

First Name: AARON	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Last Name: FERGUSON	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Other Name: AARON FERGUSON	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Social Security Number: XXX-XX-4641	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Date of Birth: 02/03/XXXX	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Employer Name: MCLANE HIGH PLAINS	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Line of Business:	
Dates of Employment: 03/02/2024 - 09/02/2025	Yes <input type="checkbox"/> No: <input checked="" type="checkbox"/> If no, Then: 3-13-24 - 9-13-25
Position/Title: CDL DRIVER A	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Position Type Please indicate F(Full-Time) or P(Part-Time):	Full time
Salary: Please indicate per Hour, Week, Month, Year, etc.:	41.45 hour, Biweekly
Duties:	
Reason For Leaving: LAID OFF	Yes <input checked="" type="checkbox"/> No:] If no, Then:
Eligible For Rethire Please indicate Y(Yes) or N(No). If No, Indicate if due to cause or due to company policy.:	Y

FAX ERROR TX REPORT

TX FUNCTION WAS NOT COMPLETED

JOB NO.	2278
User Name	mncardo
DESTINATION ADDRESS	8887198911
SUBADDRESS	
DESTINATION ID	
ST. TIME	02/19 15:53
TX/RX TIME	00' 28
PGS.	0
RESULT	NG
	0

FAX

TO First Advantage

FAX (888) 719-8911

PHONE

SUBJECT Employment Verification

FROM McLane Co.

FAX (806)766-2992

PHONE (806)766-2913

DATE 02/19/2026

COMMENTS

Gregory Oliver
Employment
Verification

TX REPORT

JOB NO. 2278
User Name mncardo
ST. TIME 02/19 15:47
SHEETS 6
FILE NAME

TX INCOMPLETE -----
TRANSACTION OK -----
ERROR 8887198911

FAX

TO First Advantage

FAX (888) 719-8911

PHONE

SUBJECT Employment Verification

FROM McLane Co.

FAX (806)766-2992

PHONE (806)766-2913

DATE 02/19/2026

COMMENTS

Gregory Oliver
Employment
Verification

 FAX ERROR TX REPORT

TX FUNCTION WAS NOT COMPLETED

JOB NO. 2284
 User Name mcwinte
 DESTINATION ADDRESS 18887198911
 SUBADDRESS
 DESTINATION ID
 ST. TIME 02/20 10:50
 TX/RX TIME 00' 28
 PGS. 0
 RESULT NG
 0

02/19/26 14:05:33 First Advantage ->

Wellness Advantage Page 001

PI 1454301a



First Advantage
 1800 Exit 5 Pkwy Suite 120
 Fishers, IN 46037
 Phone: (866) 569-5416
 Fax: (888) 719-8911

a31454301a

Employment Verification

To: MISTY.ATTN:DOT VERIFICATION, HR REPRESENTATIVE
 Fax: 8067662992

In reference to the Employment Verification request being performed on behalf of AARON FERGUSON, we need additional information from you to complete this order.

Attached please find the signed release authorization.

CID: 339740874

Verification Information

First Name: AARON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Last Name: FERGUSON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Other Name: AARON FERGUSON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Social Security Number: XXX-XX-4641	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Date of Birth: 02/03/XXXX	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Employer Name: MCLANE HIGH PLAINS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Line of Business:	
Dates of Employment: 03/02/2024 - 09/02/2025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, Then: 3-13-24 - 9-13-25
Position/Title: CDL DRIVERA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Position Type Please indicate F(Full-Time) or P(Part-Time):	Full time
Salary: Please indicate per Hour, Week, Month, Year, etc.:	41.45 hour, Biweekly
Duties:	
Reason For Leaving: LAID OFF	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Eligible For Rehire Please indicate Y(Yes) or N(No). If No, indicate if due to cause or due to company:	Y

FAX ERROR TX REPORT

TX FUNCTION WAS NOT COMPLETED

JOB NO. 2277
User Name mncardo
DESTINATION ADDRESS 18887198911
SUBADDRESS
DESTINATION ID
ST. TIME 02/19 15:45
TX/RX TIME 00' 28
PGS. 0
RESULT NG
0

FAX

TO First Advantage

FAX (888) 719-8911

PHONE

SUBJECT Employment Verification

FROM McLane Co.

FAX (806)766-2992

PHONE (806)766-2913

DATE 02/19/2026

COMMENTS

Gregory Oliver
Employment
Verification