



Charlotte HERO Patrol
Roadside Assistance
Dispatch: (704) 912-HERO (4376)
www.CLTHERO.com help@clthero.com
www.facebook.com/charlottehero

Employment Application

Applicant Information

Applicant name:

Last

First

Middle initial

Home Address:

Street address

Apt/Suite/Unit #

City

State

Zip

Mailing Address:

(if different from home) Address

Apt/Suite/Unit #

City

State

Zip

Social Security #:

Date of Birth:

Birthplace:

Driver license #:

State:

Classification:

Cell phone: () -

Email Address:

Position applied for: Office/Dispatch (must be 18+) HERO Roadside Technician (must be 21+)

Type of employment: Full time Part time

Are you a legal citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Do you have any roadside assistance, towing or auto repair experience? Yes No

If yes, explain

Have you ever been **convicted** of a misdemeanor (other than a traffic offense)? Yes No

Date/details:

Have you ever been **convicted** of a felony? Yes No

Date/details:

Have you ever been **convicted** of driving under the influence? Yes No

Date/details:

Applicant initials:

Date of completion:

Please list any criminal charges you have faced in the past 5 years:

Date:	Charge:	Disposition/status:
Date:	Charge:	Disposition/status:
Date:	Charge:	Disposition/status:

Please list any traffic infractions/citations you have **received** in the past 5 years:

Date:	Infraction/citation:	Disposition/status:
Date:	Infraction/citation:	Disposition/status:
Date:	Infraction/citation:	Disposition/status:

Please list any traffic accidents (**regardless of fault**) you have been involved in the past 5 years:

Date:	State and County:
Date:	State and County:
Date:	State and County:

Would you be willing to submit to drug or alcohol screening prior to employment?

Yes No

If hired, would you be willing to submit to random drug or alcohol screening while employed?

Yes No

As part of the application process and prior to being offered employment, are you willing to submit to background check?

Yes No

If hired, as part of our compliance with insurance carriers that we provide service to, would you be willing to allow ongoing driving history and criminal background checks while employed?

Yes No

Education and Training

High School:		City, State:
Start date:		End date:
Did you graduate?:	Yes	No
College:		City, State:
Start date:		End date:
Did you graduate?:	Yes	No Degree:
Other:		City, State:
Start date:		End date:
Did you graduate?:	Yes	No Degree:
Specialty training:		City, State:
Start date:		End date:

Applicant initials:

Date of completion:

Personal References

Please list two professional references (coworker, previous business acquaintance, etc.)

Full name: Relationship:
Company: Phone: () -
Address: City: St: Zip:

Full name: Relationship:
Company: Phone: () -
Address: City: St: Zip:

Employment History

Please list previous employment beginning with the most recent

Company: Phone: () -
Job title:
Responsibilities/Duties:
Length of employment: Reason for leaving:
What was your pay when you left this position?:
Supervisor: Supervisor phone: () -
May we contact this employer/supervisor?: Yes No

Company: Phone: () -
Job title:
Responsibilities/Duties:
Length of employment: Reason for leaving:
What was your pay when you left this position?:
Supervisor: Supervisor phone: () -
May we contact this employer/supervisor?: Yes No

Total number of **full-time** jobs you've had since age 18:
Total number of **part-time** jobs you've had since age 18:

Military Service (if applicable)

Branch: Start date: End date:
Rank at discharge: Type of discharge:
If other than honorable, explain:

Family Emergency Point of Contacts

Please list two family members to serve as your emergency contacts

Name:
Relationship: Phone: () -
Address: City: St: Zip:

Name:
Relationship: Phone: () -
Address: City: St: Zip:

Applicant initials: Date of completion:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that all information contained herein will be used for potential employment with Charlotte HERO Patrol Roadside Assistance, LLC. Falsified statements on this application shall be grounds for rejection of my application or dismissal from employment if falsifications are found at a later date. I authorize investigation of all statements contained herein and the references and/or employers listed above can be contacted for any information concerning my character, work ethic and employment history. Any information retrieved from a personal, professional, public records, criminal or civil background check shall be permitted for potential employment with Charlotte HERO Patrol Roadside Assistance, LLC. If hired, I agree to ongoing random periodic drug screening, criminal history, driving history and other background checks throughout my employment with the company. I release Charlotte HERO Patrol Roadside Assistance, LLC from any liability for any actions/activities that occur as the result of verifying the information I have provided unless I specifically checked a "no contact" box above for a specific employer. I understand that if hired, my position will not include benefits such as health/dental insurance, retirement or paid leave and that my income is subject to IRS payroll deductions and income reporting. With the exception of office/dispatch personnel, due to commercial insurance requirements, in order to drive and operate a company vehicle, employees must be 21 years old with an infraction free driving history for a minimum of 3 years. This includes **all** traffic citations or violations, any other moving violation or an at-fault accident and/or points being accumulated on your driving record. Non-moving violations (parking, equipment malfunction, etc.) usually do not result in points on your driving record and should not negatively affect your driving record.

To complete your application process, sign and date below and send the following items:

A completed/signed application (be sure to initial and date the bottom of every page)

A DMV driver's history report

You can order/print one at: <https://edmv.ncdot.gov/DrivingRecords>

Send your documents by email to: help@clthero.com

Applicant signature:

Date:

Application review process:

Applications will be reviewed within 7 days of submission. If you are an ideal candidate for our company you will be contacted by phone or email to schedule an interview.

Applicant initials:

Date of completion: