



JOB APPLICATION

On Site Fleet Services of Virginia will contact you if there are questions about your application or to set up an appointment for an interview. If you have questions about our hiring practices, or this form, please feel free to call us at 804-308-9542 or email us at: info@onsitefleetva.com. On Site Fleet Services of Virginia values your privacy, we will never sell or distribute your data to a 3rd party.

*** = Required:**

* First Name:

* Email:

* Last Name:

* Home Phone:

Social Security No:

*Alternate Phone:

* Current Address:

*Fax:

*Are you 18 years of Yes No
age or older:

*City:

*Are you a U.S. citizen or Yes No
alien authorized to work
in the United States:

State:

*Position Applying For:

Automotive Technician Other

*Zip:

Permanent Address if
different than above

Specify:

Date You Can Start:

City:

Desired Salary: \$

State:

Are you employed now? Yes No

Zip:

If so, may we contact? Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, please explain: _____



Do you consent to a complete background check through E-Verify: Yes No

E-Verify is an Internet-based system that compares information from an employee's Form I-9 (Employment Eligibility Verification) to data from U.S. Department of Homeland Security and Social Security Administration records to confirm that an employee is eligible to work in the United States.

| EDUCATION | Name/City/State | # Years Attended | Did you Graduate | Year of Graduation Subjects Studied |
|-----------------------------------|----------------------|----------------------|--|-------------------------------------|
| High School | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| College | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Trade, Business or Correspondence | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

| TECHNICAL CLINICS ATTENDED: Manufacturers, aftermarket, etc. | | |
|--|----------------------|----------------------|
| SUBJECT | DATE | LOCATION |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

ASE CERTIFICATION: (I am certified in the following)**AUTO**

- Engine repair
- Engine performance
- Auto trans/transaxel
- Manual drive train & axels
- Front end
- Brakes
- Electrical systems
- Heating & air conditioning

DATE

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TRUCK

- Gasoline engines
- Diesel
- Drive train
- Brakes
- Electrical systems
- Suspensions & steering
- Body/Paint & Refinishing
- Body repair

DATE

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PHYSICAL RECORD:

Do you have any physical condition that affects our ability to perform any of the duties for any position for which you are being considered?

Please explain:

MILITARY SERVICE

Past or Present Military Service (branch):

Rank:

Service From: _____ To: _____ Present membership in National Guard: Yes No

Special skills learned useful for position applying:

WORK HISTORY
(Most current first)

Employer Name
City / State / Zip

Salary

Position

Reason for leaving

From: _____ To: _____

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REFERENCES

Name / Phone No.

Yrs. Known

Business

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I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, falsified statements on this application shall be grounds for dismissal. _____ Initial

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and any pertinent information they may have and release all parties from all liability for all damage that may result from furnishing same to you.

I understand and agree if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Applicant Signature: _____ Date: _____