



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:

*City: *Are your 18 years of age or older: ☐ Yes ☐ No

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

*Position Applying For:
☐ Automotive Technician ☐ Other

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"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Trade, Business or Correspondence	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<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	DATE	TRUCK	DATE
<input type="checkbox"/> Engine repair	<input type="text"/>	<input type="checkbox"/> Gasoline engines	<input type="text"/>
<input type="checkbox"/> Engine performance	<input type="text"/>	<input type="checkbox"/> Diesel	<input type="text"/>
<input type="checkbox"/> Auto trans/transaxel	<input type="text"/>	<input type="checkbox"/> Drive train	<input type="text"/>
<input type="checkbox"/> Manual drive train & axels	<input type="text"/>	<input type="checkbox"/> Brakes	<input type="text"/>
<input type="checkbox"/> Front end	<input type="text"/>	<input type="checkbox"/> Electrical systems	<input type="text"/>
<input type="checkbox"/> Brakes	<input type="text"/>	<input type="checkbox"/> Suspensions & steering	<input type="text"/>
<input type="checkbox"/> Electrical systems	<input type="text"/>	<input type="checkbox"/> Body/Paint & Refinishing	<input type="text"/>
<input type="checkbox"/> Heating & air conditioning	<input type="text"/>	<input type="checkbox"/> Body repair	<input type="text"/>

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: <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/> <input type="text"/>				
From: <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/> <input type="text"/>				
From: <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/> <input type="text"/>				

REFERENCES		
Name / Phone No.	Yrs. Known	Business
<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"/>

☐ 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: _____