



## Application for Employment

Nagy's Collision Centers is an **equal opportunity employer** and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, veteran status or any other legally protected status. Nagy's is a **drug-free workplace** and has a policy in place conducting pre-employment drug/alcohol screenings as a condition of employment, as well as random drug/alcohol screenings for our employees.

### PERSONAL INFORMATION

Please **PRINT ALL INFORMATION ON THIS APPLICATION** except for signature:

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Yearly Salary: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_ Location(s) Applied for: \_\_\_\_\_

Full Time     Part Time     Seasonal/Summer

How did you hear about Nagy's or the open position?

www.nagys.com     web     walked in     referred by:  
 Newspaper Ad     Job Fair     Social Media     Word of Mouth     Other (specify): \_\_\_\_\_

Are you legally eligible to work in the United States?  
(Proof of identity and eligibility will be required upon employment)     Yes     No

Are you 18 years or older?  
(If no, you may be required to provide authorization to work)     Yes     No

Have you ever worked for this company before?     Yes     No    If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  
(No individual will be automatically disqualified from consideration based on criminal history)     Yes     No

### EDUCATION

**High School:** Address: \_\_\_\_\_

Did you graduate?     Yes     No    Degree: \_\_\_\_\_

**College:** Address: \_\_\_\_\_

Did you graduate?     Yes     No    Degree: \_\_\_\_\_

**Other:** Address: \_\_\_\_\_

Did you graduate?     Yes     No    Degree: \_\_\_\_\_

### PROFESSIONAL REFERENCES

Please list **at least two (2) of the three as Professional references (people other than relatives):**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please **submit a separate sheet or resume for any other employment that cannot be listed in the space provided.**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

## MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain:  
(No one will be automatically disqualified from consideration based on type of discharge)

## CERTIFICATION AND AGREEMENT

*I hereby certify that my answers are true and complete to the best of my knowledge and authorize Nagy's to verify their accuracy and to obtain reference information on my work performance.*

*I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient bases for dismissal.*

*I understand that any employment offered is for an indefinite duration and at-will and that either I or Nagy's may terminate my employment at any time with or without cause.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must have all fields completed for consideration. This application will remain active for 6 months.**