



RENO

Main Office:
9990 Double R Blvd., Suite 200
Reno, NV 89521
Prof Circle:
10381 Double R Blvd.
Reno, NV 89521

SPARKS

Sparks Office:
780 Vista Blvd., Suite 100
Sparks, NV 89434

CARSON

Carson Office:
1470 Medical Pkwy., Suite 220
Carson City, NV 89703

SPINENEVADA CONTACT:

Phone: 775.348.8800
Fax: 775.348.8818
SpineNevada.com

VEINNEVADA CONTACT:

Phone: 1-855-483-4668 (1-855-4VEINNV)
Fax: 775-325-3630
VeinNevada.com

James J. Lynch, MD, Ltd Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

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

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral

Other _____

Have you ever worked for this company before? Yes No

Explain _____

Do you know anyone who works for our company? Yes NO If yes, who?

Education	Name and Location of School	No. of Years Attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Trade or Business School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer Name	Dates Employed	Job Title
Immediate supervisor and title	Reason for leaving	Summarize the nature of work performed and job responsibilities

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Military Service	Service Dates
Branch	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone/Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

James J. Lynch, MD, Ltd is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for James J. Lynch, MD, Ltd to hire me. If I am hired, I understand that either James J. Lynch, MD, Ltd or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of James J. Lynch, MD, Ltd has the authority to make any assurance to the contrary.

I understand James J. Lynch, MD, Ltd will conduct a pre-employment background and reference check, which could include a review of public records (i.e. driving records), my criminal history, my credit history and inquiries of my references and former employers. I hereby authorize James J. Lynch, MD, Ltd to conduct this background check as part of my application or promotion process. I hereby authorize James J. Lynch, MD, Ltd to disclose necessary personal information to other agencies or firms, as may be necessary, to obtain records related to this background screening check, including, but not limited to, driving records, criminal conviction records and credit reports. I hereby authorize James J. Lynch, MD, Ltd to conduct a pre-employment drug test as part of my application or promotion process.

I attest with my signature below that I have given to James J. Lynch, MD, Ltd true and complete information on this application. No requested information has been concealed. I authorize James J. Lynch, MD, Ltd to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.