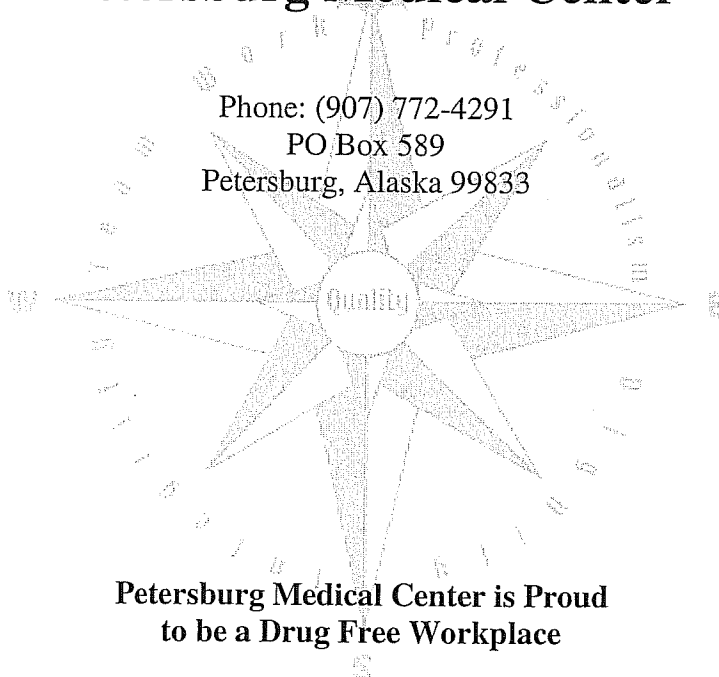


Petersburg Medical Center

Phone: (907) 772-4291
PO Box 589
Petersburg, Alaska 99833



**Petersburg Medical Center is Proud
to be a Drug Free Workplace**

(Title of Position applied for. **A Separate Original application must be submitted for each position.** Use Typewriter or ink.)

PERSONAL DATA

1. Name
(last) (first) (middle)
2. Mailing Address
(Street and/or Box Number)
(city) (state) (zip)
3. Telephone Number
(home) (business)
4. Social Security Number
5. U.S.A. Citizen Yes No
6. Do you have any physical defects which preclude you from performing certain kinds of work?
If yes, describe such defects and specific work limitations:
7. Have you had a major illness in the past 5 years? If yes, describe:
8. Can you lift 50 pounds? Yes No

13.

EMPLOYMENT HISTORY

Include all jobs within the past 5 years. Give earlier job history, if pertinent to job applied for. Include military experience as part of job history. Include any period of unemployment over three months in length. Use additional pages if needed to give complete employment history.

START WITH MOST RECENT JOB FIRST

1. Dates of Employment	Job Title:
From	Duties:
To	
Starting Salary	
\$ _____ per	
Final Salary	Name of Employer:
\$ _____ per	Address:
Hrs. per week:	Reason for leaving:

2. Dates of Employment	Job Title:
From	Duties:
To	
Starting Salary	
\$ _____ per	
Final Salary	Name of Employer:
\$ _____ per	Address:
Hrs. per week:	Reason for leaving:

3. Dates of Employment	Job Title:
From	Duties:
To	
Starting Salary	
\$ _____ per	
Final Salary	Name of Employer:
\$ _____ per	Address:
Hrs. per week:	Reason for leaving:

4. Dates of Employment	Job Title:
From	Duties:
To	
Starting Salary	
\$ _____ per	
Final Salary	Name of Employer:
\$ _____ per	Address:
Hrs. per week:	Reason for leaving:

5. Dates of Employment	Job Title:
From	Duties:
To	
Starting Salary	
\$ _____ per	
Final Salary	Name of Employer:
\$ _____ per	Address:
Hrs. per week:	Reason for leaving:

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact

