Workers' Compensation Board **Pamela J Cline**

General Information

Board/Commission and seat you are seeking:
Workers' Compensation Board, current board member

Additional Boards/Commissions of interest:
None

State Boards/Commissions on which you have served:
Workers Compensation

First Name	Middle Name	Last Name
Pamela	J	Cline
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]		[redacted]
[redacted]	[redacted]	[redacted]
Military Service		

Conflict of Interest

Full disclosure of personal financial data under AS 39.50.010 is required for certain boards and commissions. Are you willing to provide this information if required for the board or commission which you are applying?
Yes

Service in a public office is a public trust. The Ethics Act (AS 39.52.110) prohibits substantial and material conflicts of interest. Is it possible that you or any member of your family will benefit financially by decisions to be made by the board or commission for which you are applying? If you answer 'yes' to this question you MUST explain the potential financial benefit.
Yes

Please explain the potential financial benefit
Yes|Any family member could be injured on the job and qualify for workers compensation. I would not participate in any type of hearings or decision directly related to them.

Employment History

Employment work history including paid, unpaid, or voluntary.
IBEW LU 1547 - 2012 to current
Ma-Su Regional Medical Center 2000-2012

Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:
see above

List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:
please request

List any community service, municipal government, and state positions held, and any awards received.
see above

Conviction Record

Have you ever been convicted of a misdemeanor within the past five years or a felony within the past ten years?
No

Conviction Circumstances

Certification of Accuracy & Completeness

By submitting this online application, I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates, or I may be removed from the position. I agree that the Office of the Governor may contact present or former employees or other persons who know me to obtain an additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Type "I certify"
"I certify"

Resume Addendum:

[redacted]