Workers' Compensa	tion Board	Diane Margaret Thompson
	Gene	ral Information
Board/Commission and s Workers' Compensation E		
Additional Boards/Commi		
Preference Order Boar	d	
2) Alcol	nolic Beverage Control	
State Boards/Commissions on which you have served:		
None First Name	Middle Name	Last Name
Diane	Margaret	Thompson
Military Service		
none		
Conflict of Interest		
	l financial data under AS 39.50.0 required for the board or commis	010 is required for certain boards and commissions. Are you willing to ssion which you are applying?
Is it possible that you or a	ny member of your family will be	AS 39.52.110) prohibits substantial and material conflicts of interest. nefit financially by decisions to be made by the board or commission stion you MUST explain the potential financial benefit.
Please explain the potential financial benefit		
Employment History		
Employment work history including paid, unpaid, or voluntary. Tiffany's Deli, owner operator. Trader Jim's, general manager, Humpy's Great Alaskan Alehouse (1994-2000). Firetap Alehouse & Restaurant 1999-present.		
Education, Training, Experience & Qualifications		
List both formal and informal education and training experiences: Some college courses (no degree). Have been in the restaurant business since 1983. Founder & owner of Tiffany's Deli (1983- 1994). Owner/founder of Humpy's Great Alaskan Alehouse (1994). Owner/founder Firetap Alehouse & Restaurant 1999- present.		
		ns and dates obtained that may be used as qualifying criteria: of Alaska Hospitality Retailers for last 5 years.
Board member of Anchor		ate positions held, and any awards received. rox). Board member of Blood Bank of Alaska 2002 (approx). 1995-2000).
Conviction Record		
Have you ever been convicted of a felony or misdemeanor? 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: