Barbers and Hairdressers		Jennifer Lombardo
	General Informa	ation
Board/Commission and seat Barbers and Hairdressers, Ta		
State Boards/Commissions o Board of Barbers and Hairdre		
First Name Jennifer	Middle Name	Last Name Lombardo
Mailing Address	City Anchorage	State & Zip AK 99503
Home/Message Phone	Business Phone	Cell Phone
Email Address		Are you a registered voter? Yes
Date of Birth	Gender Female	Ethnicity
Military Service		
	Conflict of Inte	rest

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?

No

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.

Please explain the potential financial benefit

Employment History

Employment work history including paid, unpaid, or voluntary.

I have been working at Anchorage Tattoo Studio since my apprenticeship in 2007.

Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:

I have Blood Borne Pathogens and CPR training which I renew annually as per regulation for my professional license. I have a Bachelor of Science degree from UAA in Psychology.

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

I have been a licensed tattoo artist in Alaska since 2008. I am a member of the Alliance of Professional Tattooers and National Tattoo Association.

List any community service, municipal government, and state positions held, and any awards received. None

Conviction Record

Have you ever been convicted of a misdemeanor within the past <u>five</u> years or a felony within the past <u>ten</u> 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:		
Press Release Wording		