



Application
Alaska Bariatric Center
1200 Airport Heights Dr. Suite 278
Anchorage, AK 99508
Phone (907)929-4263 Fax (907)929-4267

Today's Date: _____

Name: _____

Job applying for: _____

How did you hear about us?: _____

Desired Pay Range: _____ Are you currently employed? _____

Primary phone number: _____ Alternate phone number _____

Email: _____

Date available for employment: _____

Do you require sponsorship to work in the US? YES NO

Do you have a current, unencumbered AK Nursing License? YES NO Expiration _____

Do you have a current BLS for healthcare providers? YES NO Expiration _____

How many years of RN experience do you have? _____

Employment History:

● Company _____ From _____ To _____

Phone number _____ Address _____

Supervisor _____ May we contact YES NO Starting salary _____ Ending _____

● Company _____ From _____ To _____

Phone number _____ Address _____

Supervisor _____ May we contact YES NO Starting salary _____ Ending _____

Please list your areas of highest proficiency, special skills, professional organizations you are apart of, or other items that may contribute to your abilities. _____

