

State Assembly Curriculum Vitae Form

Association of Surgical Technologists State Assembly • www.ast.org 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031

Submit this form to your State Assembly, not AST. Appointed position: ______ Date: _____ Name: _____ Certification number: ____ City: _____ State: ____ Zip Code: ____ Home phone: _____ Business phone: _____ **EMPLOYMENT** Facility name: _____ Phone number: Number of years employed: City: _______ State: _______ Zip Code: ________ Brief description of duties: **AST INVOLVEMENT** Number of years in AST: Past positions held within AST/State Assembly: Brief description of your role in these positions:

OTHER ORGANIZATIONAL INVOLVEMENT: HOSPITAL/WORK COMMITTEES

What was the committee's function?:
What was your role on this committee?:
Number of years on this committee:
COMMUNITY/VOLUNTEER INVOLVEMENT
What was the committee's function?:
What was your role on this committee?:
Number of years on this committee:
How do you see your role in the leadership of AST/your state assembly:

No Yes Please list them: How would you resolve a conflict with another person?: Please list references here: Please attach a current resume, copies of diplomas, certificates, outstanding achievements, citations, here
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EMPLOYER
If this employee is appointed to a state assembly office, I will make reasonable efforts to grant the minimum leave time to allow him/her to fulfill the obligations of the position: a minimum of one week for the national annual conference, several weekends for workshops, and the state annual meeting (dates unknown at this time).
Employer Signature Date
Applicant Signature Date

This curriculum vitae form will be discarded two years from date of receipt. If after that time you remain interested in working with your State Assembly you must submit a new consent-to-serve form and cv.