



State Assembly Curriculum Vitae Form

Association of Surgical Technologists State Assembly • www.ast.org
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Appointed position: _____ Date: _____

Name: _____ Certification number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Business phone: _____

Email: _____

EMPLOYMENT

Facility name: _____

Phone number: _____ Number of years employed: _____

Address: _____

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:

Do you have specific skills such as computer skills, writing, which will help you in your leadership duties?

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

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 _____