

CURRICULUM VITAE
Appointed Position

Name: _____ Date: _____

Address: _____ Certification Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home (____) _____ Business (____) _____ Email: _____

Employment:

Facility Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of Years Employed: _____

Brief Description of Duties: _____

AST Involvement:

Number of Years in AST: _____

Past Positions Held within AST: _____

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 Year's On This Committee: _____

Community/Volunteer Involvement

What Was The Committee's Function: _____

What Was Your Role On This Committee: _____

Number Of Year's On This Committee: _____

How Do You See Your Role In The Leadership Of AST: _____

Do You Have Specific Skills Such As Computer Skills, Writing, Which will help you in your Leadership Duties?
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 Committee, 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 and a four day weekend for training purposes, dates unknown at this time)

Employer Signature

Date

Applicant Signature

Date

