



# PASRS BOARD OF DIRECTORS APPLICATION

## CANDIDATE CONTACT INFORMATION

Date:	Name:		
Mailing Address:	City:	State:	
Work Phone: ( ) -	Mobile: ( ) -	Other: ( ) -	Website:
Company Name:		Current Title:	
Duration of career in senior service:		Duration with Current Company:	

## PREVIOUS EMPLOYMENT

Please include any experience throughout your career that you feel could contribute to PASRS Board service:	Duration with Company:

## QUALIFICATION RESPONSES

In the space below, please detail any previous non-profit experience:

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In the space below, please detail any previous Board experience:

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In the space below, please detail any goals or hopes for PASRS as an Association:

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<p><b>In the space below, please detail any other strengths you feel you could bring to the PASRS Board:</b></p> <hr/> <hr/> <hr/> <hr/>
<p><b>In which subcommittee/s would you be most interested in participating:</b></p> <p><input type="checkbox"/> Best Practices      <input type="checkbox"/> Events      <input type="checkbox"/> Executive      <input type="checkbox"/> Membership</p>

**Applicant Verification:**

I certify that to the best of my knowledge, that the information provided herein is accurate and complete. I further agree, in the event I am elected to the Board of Directors that all disputes and claims, individual or severable, involving this service will be submitted to the Association’s Board of Directors for final resolution. The decision rendered by its other Board of Directors regarding any dispute or claim is binding, final, and cannot be appealed.

**Application Verification Release:**

I hereby authorize PASRS, its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former business associate, governmental agency, educational institution, military establishment, relative or any other persons or entities knowledgeable of backgrounds of the individuals listed on this Application as to their prior history, without limitation, their: criminal history, business records or personal background; corporate directorship/ownership, interest in business(es), nature of business of business dealings; prior claims, lawsuits, settlements; educational background, licenses, and certifications, work experience, nature of duties, performance levels; reliability, responsibility, honesty, integrity, civility, and any other measures of their character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of the Association, I specifically waive any confidential relationship or privacy right which may exist for my benefit and completely release PASRS, and the part(ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information. I agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my, or the business entities, background from any and all liabilities or claims in connection therewith. Photo static, faxed or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

Name of Company: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Name (please print or type): \_\_\_\_\_

Title: \_\_\_\_\_ Today’s Date: \_\_\_\_\_