

Application for Hampton Roads SHRM 2019 Board of Directors



Engage • Educate • Empower

Thank you for your interest in the Hampton Roads SHRM Board of Directors. Please complete the following information and use available space on the next page for additional information that would assist in evaluating your application for the particular Board position(s) of interest.

Email the completed application to sayres@hrshrm.org

Last name:	First name:
Contact phone number:	Email:
Referred by:	
Board position(s) of interest: 1. _____ 2. _____	
Professional Certification(s): <input type="checkbox"/> SHRM-CP <input type="checkbox"/> SHRM-SPC <input type="checkbox"/> SPHR <input type="checkbox"/> PHR <input type="checkbox"/> Other _____	
Number of years in HR Field?	
SHRM National Member?	How Long?
SHRM ID#:	
Affiliated w/Hampton Roads SHRM?	How Long?
Other HR – related organizations?	
Previous Board position(s) held or <i>Committee(s)</i> served on with the HRSHRM: Board position/Committee(s) _____ Dates ____/____/____	
Previous Board position(s) held or <i>Committee(s)</i> served on with other SHRM chapters: SHRM Chapter Name _____ Board position/Committee(s) _____ Dates ____/____/____	
Previous Board position(s) held or Committee(s) served on with other volunteer organizations (attach additional sheet if necessary): Name of Organization _____ Board position/Committee(s) _____ Dates ____/____/____	

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Educational Background

Name of school (highest level completed)

Course of study/degree or diploma

Employment history (begin with most recent employer, attach additional sheets or resume if necessary)

Company name

Position

Employment dates

From

To

Relevant skills (professional, training, volunteer work, software or other applicable experience)

I certify that the information given in this application and any attachments is accurate to the best of my knowledge. I understand that any deliberate omission or misrepresentation of information in this application may result in refusal or termination of participation on the Board of Directors of Hampton Roads SHRM. I understand that the Hampton Roads SHRM may verify my stated certification(s), membership status, qualifications with previous employers and educational institutions named in this application. If needed, I will provide authorization to release information to the Hampton Roads SHRM.

If elected, I understand that this is a volunteer position and do not expect any compensation for services provided to the Hampton Roads SHRM. In addition, I also understand that I will be required to attend monthly board meetings and provide monthly reports and updates as requested.

If elected, I agree to comply with the Bylaws and Code of Ethics set forth and communicated to the members of the Hampton Roads SHRM.

Signature of applicant

_____/_____/_____
Date

HRSHRM Nominating Committee use only

Application received

Date _____

Actions taken:

Eligible, notified

Date _____

Not eligible, notified

Date _____

Not interviewed (see comments below)

Date _____

Interviewed, not nominated

Date _____

Interviewed, nominated

Date _____