



Homeowners Association

Board Application

| APPLICANT INFORMATION | | | | | |
|---|--|------------------------------|-----------------------------|--|-----------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available for Interview | | License No. | | | |
| Position Applied for | | | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to be in the U.S.? | |
| | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been an HOA board member? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when and what community? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |



Homeowners Association

| PREVIOUS EMPLOYMENT AND COMMUNITY DEVELOPMENT EXPERIENCE: | | | |
|---|----|------------------------------|-----------------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor or board members for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor or board members for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor or board members for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor or board members for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| MILITARY SERVICE | |
|----------------------------------|--------------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to a board position, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |

*All applicants who are accepted as a board member will be required to have a current criminal background check performed by the locate police department. The cost of the background check is the expense of the applicant.