

HAYNES CREEK HOMEOWNERS ASSOCIATION

Employment 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 full time resident of Haynes Creek?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a Homeowner in Haynes Creek 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?
Are you willing to have a Criminal Background check?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, 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	

1 *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.

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LIST EMPLOYMENT HISTORY AS WELL AS CURRENT/ AND ANY 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"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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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