

Hot Springs Village, Arkansas Property Owners' Association Job Openings

[Click here for an Employment Application](#)

There are no jobs open at this time.



Property Owners' Association Application for Employment

To Applicant: When filling out this application, it is imperative that you give complete address and phone number of previous employers. It is the policy of the Hot Springs Village Property Owners' Association to verify previous employment and or personal references.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) applied for		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address (Number, Street, City, State, Zip Code)			
Telephone Number(s)			

If you are under 18 years of age, can you provide required proof of your eligibility? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Described Course of Study																	
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application.	<hr/> <hr/> <hr/>																

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status: _____

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you read the description of the duties, responsibilities, and qualifications of the job for which you are applying?
 Yes No

Employment Experience

Start with your present or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address, City, State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address, City, State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address, City, State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address, City, State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Employed Yes No Date of Employment _____

Job Title _____ Hr. Rate/Salary _____ Dept. _____

_____ Full Time _____ Part Time _____ Seasonal/Temporary

_____ Exempt _____ Non Exempt

**** Note: If designated part time, estimate annual hours to be worked.

_____ 2000 or more _____ 1509-1999 _____ 1000-1499 _____ 999 or Less

_____ Eligible for Insurance (Must work 30 hours per week, 48 weeks of the year or minimum of 1,440 hours per year.)

Supervisor _____ Date _____ Gen. Manager/Human Resource Manager _____ Date _____

Notes or remarks: _____

Security Check _____

Completed by _____

Date _____

Hot Springs Village Property Owners' Association
895 DeSoto Boulevard
Hot Springs Village, AR 71909
501.922.5568 or 501.922.5069 FAX

Consent for Former Employment History

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Hot Springs Village Property Owners' Association.

Applicant's Signature

Date Signed

Received by