

**ESPERANZA HEALTH SYSTEMS, LTD.
D/B/A
LA HACIENDA TREATMENT CENTER**

ARBITRATION AGREEMENT

**PLEASE READ AND SIGN THIS PAGE BEFORE COMPLETING THE
APPLICATION PACKET**

Esperanza Health Systems, Ltd. D/B/A/ La Hacienda Treatment Center and its related entities (“La Hacienda”) has adopted binding arbitration as a process to resolve all employment related disputes. This includes those disputes involving applicants. Before La Hacienda will consider anyone as an applicant, he/she must agree to submit to binding arbitration for any legal claims which he/she chooses to bring against La Hacienda. Any claims filed regarding the application process will be governed by the provisions of La Hacienda’s “Open Door Policy for Dispute Resolution”. A copy is available and will be provided upon request.

Applicant’s Name

Date

Printed Name

Revised March 6, 2018



EMPLOYMENT APPLICANT'S

RELEASE OF EMPLOYMENT RECORDS

I, _____, hereby authorize a representative of Esperanza Health Systems, Ltd., d/b/a La Hacienda to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my present (if indicated on application that this would not pose any difficulty) and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which my result from the furnishing of said information.

A copy of this release shall be as valid as the original.

Dated: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

ESPERANZA HEALTH SYSTEMS, LTD. DOES BACKGROUND CHECKS AS WELL AS DRUG TESTING. FAILURE TO ANSWER ANY QUESTION TRUTHFULLY AND FAILURE TO REPORT ALL CONVICTIONS WILL RESULT IN DISQUALIFICATION OF APPLICANT OR IMMEDIATE DISMISSAL OF EMPLOYEE. DO NOT ANSWER THE QUESTIONS ON THIS PAGE IF YOU ARE APPLYING FOR A POSITION IN AUSTIN.

Have you ever been convicted of, plead guilty to, or received deferred adjudication for any crime (misdemeanor or felony including but not limited to any DWI convictions)? Yes No

If yes, please give dates, level of charge, and details of EACH conviction:

Date of conviction	Location of conviction (City, County, State)	Level of Charge (Misdemeanor or Felony)	Type of Charge (i.e. Assault, DWI, etc.)

All convictions must be listed, please attach additional copies of this form if necessary.

Conviction of a crime does not constitute an absolute bar to employment; however, all convictions (misdemeanors or felonies) must be listed, whether or not expunged from your record. Deferred adjudication is not considered a conviction and need not be listed.

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Education:

Please list name and location of school/college/university with GED, diploma or degree awarded.

Name of School/College/University	Address (Street/P.O., City, State, Zip)	Major	Did you Graduate (yes/no)	Type of Diploma/Degree Awarded

Other specialized training or skills: _____

Computer skills and typing skills: Typing _____ wpm

Please check all computer programs you have experience with:

Windows Word Excel Outlook Access Powerpoint

Please list all other programs that may not be mentioned above: _____

Other Office Equipment: _____

Drivers License

State: _____ Current License # _____ Expiration Date _____

For Professional Personnel Only:

Licensed as: _____

State: _____ Current License #: _____

State: _____ Current License #: _____

State: _____ Current License #: _____

Have any license privileges been suspended or revoked? Yes No

If so, why and where? _____

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EMPLOYMENT RECORD:

Starting with Present or Most Recent list **ALL EMPLOYERS FOR THE PAST 10 YEARS**. Include self-employment, summer, part-time jobs and any period of unemployment. If you need more space, please continue on a separate sheet. Please indicate any change of name or assumed name used in work experiences.

Name & Address of Company:	Employed from: _____ to _____
	Position held:
	Name of Supervisor:
	Description of Duties:
Phone:	
Ending Salary:	
Reason for Leaving:	
Name & Address of Company:	Employed from: _____ to _____
	Position held:
	Name of Supervisor:
	Description of Duties:
Phone:	
Ending Salary:	
Reason for Leaving:	
Name & Address of Company:	Employed from: _____ to _____
	Position held:
	Name of Supervisor:
	Description of Duties:
Phone:	
Ending Salary:	
Reason for Leaving:	
Name & Address of Company:	Employed from: _____ to _____
	Position held:
	Name of Supervisor:
	Description of Duties:
Phone:	
Ending Salary:	
Reason for Leaving:	

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Have you ever been fired from a job or been forced to resign? (this includes all jobs, not just the ones listed on this application)

[] Yes [] No

If yes, please give details for each occurrence: _____

If you are employed now, may we contact your employer? [] Yes [] No

If presently employed, why do you desire to change your position? _____

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize Esperanza Health Systems, Ltd. to make investigation of my past employment (and current employment, if indicated above that this would not pose any difficulty), educational, professional licensing, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability damages resulting from furnishing such information.

In the event of my employment to a position at Esperanza Health Systems, Ltd., I will comply with all rules and regulations as set forth in Esperanza Health Systems, Ltd. policy manual or other communications distributed to all employees. I agree to complete a health evaluation, which may include a physical examination by a doctor selected by Esperanza Health Systems, Ltd. (at Esperanza Health Systems, Ltd.'s expense). Additionally, I authorize Esperanza Health Systems, Ltd. to supply my employment record in whole or in part, as necessary for effective business operations, as may be required by law or regulations or to assist in regulatory agency investigations. Also, if employed by Esperanza Health Systems, Ltd., I grant permission to use my photograph in connection with its advertising and public relations programs.

I hereby certify that I have read all of the above statements and understand the same, and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements of material or omissions may be grounds for refusal to hire, or for immediate dismissal.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Esperanza Health Systems, Ltd and myself for either employment or the providing of any benefit. Employment at Esperanza Health Systems, Ltd will be for no definite term and either I, or Esperanza Health Systems, Ltd have the right to terminate the employment relationship at any time, with or without notice and with our without cause. I also understand that this status can only be altered by an enforceable written agreement, which is specific as to all material terms and is signed by a member of the Governing Body of La Hacienda Treatment Center. I further acknowledge that no promises regarding employment have been made to me, and that no promise or guarantee is binding upon Esperanza Health Systems, Ltd unless made in an enforceable written agreement.

Applicant's Signature

/ /

Date

