



**Christ Centered Elder Care**  
 RCFE LIC 115001617  
 1440 Fairview St; Orland, CA 95963  
 (530) 865-5299 FAX (530) 865-9333

## EMPLOYMENT APPLICATION FORM

| I. PERSONAL  |               |  |
|--|---------------|--|
| Last Name:   | First:        | Middle:  |
| Address:   | Telephone:    | Mobile Telephone:  |
| Are you 18 years of age or older?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |               | SS# (voluntary for ID only):   |
| Date of last physical examination:        /        /<br><input type="checkbox"/> Unknown   |               | Date of last TB Test:        /        /<br><input type="checkbox"/> Unknown  |
| Have you ever been employed under a different name? If yes, please list all names used.<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |               |  |
| Do you possess a valid California driver's license?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                     | CDL Number:   | Has your driver's license ever been suspended or revoked?<br>If yes, please explain (you may attach a separate page).<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| NEAREST LIVING RELATIVE/ OTHER CLOSE PERSONAL CONTACT  |               |  |
| Name:  | Telephone:    |  |
| Address:   | Relationship: |  |

| II. POSITION(S) SEEKING (check all that apply) |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Full Time             | <input type="checkbox"/> Internship | <input type="checkbox"/> Resident Care  | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Part Time             | <input type="checkbox"/> Other      | <input type="checkbox"/> Food Services/Facilities   | <input type="checkbox"/> Other _____            |
|  |                                     | <input type="checkbox"/> Housekeeper  |   |
| Wage Request: \$ _____ per hour                |                                     | Shifts (indicate availabilities):<br><input type="checkbox"/> Days<br><input type="checkbox"/> PM's<br><input type="checkbox"/> Nights<br><input type="checkbox"/> Weekends | Available Starting Date:        /        /      |

| III. PREVIOUS EMPLOYMENT   |                  |                            |                    |       |    |                |
|--|------------------|----------------------------|--------------------|-------|----|----------------|
| (List most recent experience first, and include at least 3 years of work history. You may attach extra pages.) |                  |                            |                    |       |    |                |
| Name and Address of Employer   | Telephone Number | Job Title and Type of Work | Reason for Leaving | Dates |    | May We Contact |
|  |                  |                            |                    | From  | To |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |
|  |                  |                            |                    |       |    |                |



| IV. EDUCATION   |   |
|---|---|
| Check all that apply:<br><input type="checkbox"/> No High School Diploma<br><input type="checkbox"/> High School Diploma/Certificate<br><input type="checkbox"/> Some College/No Degree<br><input type="checkbox"/> Associates Degree Earned<br><input type="checkbox"/> Bachelors Degree Earned<br><input type="checkbox"/> Masters Degree or Above<br><input type="checkbox"/> LVN or RN (Circle One)<br><input type="checkbox"/> Other _____ | List all Earned Degrees/Certificates and Certificate Numbers:<br><br><hr/> Currently enrolled in high school completion course? If yes, give expected completion date.<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |

| Name University, College, or Business School and Address | Major/Subject | Number of Years Attended | Number of Units Completed | Diploma/Degree/Certificate | Date Completed |
|--|---------------|--------------------------|---------------------------|----------------------------|----------------|
|  |               |                          |                           |                            |                |
|  |               |                          |                           |                            |                |
|  |               |                          |                           |                            |                |
|  |               |                          |                           |                            |                |

| EMPLOYMENT-RELATED EDUCATION COURSES |  |                           |                |                    |
|--------------------------------------|--|---------------------------|----------------|--------------------|
| Course Title                         | Name of School or Organization and Address | Number of Units Completed | Date Completed | Currently Enrolled |
|                                      |  |                           |                |                    |
|                                      |  |                           |                |                    |
|                                      |  |                           |                |                    |
|                                      |  |                           |                |                    |
|                                      |  |                           |                |                    |

| V. REFERENCES<br>(Include former employment and personal references) |         |                  |  |
|--|---------|------------------|--|
| Name   | Address | Telephone Number | Relationship to You (Friend, Employer, etc.) |
|  |         |                  |  |
|  |         |                  |  |
|  |         |                  |  |



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**VI. TESTIMONY OF FAITH**

WestHaven Assisted Living is a Christ-centered, faith-based ministry to the elderly. All applicants are invited to share their testimony of faith as part of their application. Please include specific details regarding your view of the Bible, participation in a local church, doctrinal beliefs, etc. in the space below.

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**VII. APPLICANT RELEASE OF INFORMATION**

WestHaven Assisted Living does not discriminate based on sex, race, color, or natural origin. Pursuant to Federal and State laws, WestHaven identifies religion as a bona-fide occupational qualification for all staff members. These requirements are outlined in the WestHaven Statement of Faith, Employment Covenant, etc. As a non-profit religious organization WestHaven does not participate in the state unemployment or disability insurance programs.

In the event I am offered employment I understand that prior to start of work I shall be required to furnish evidence of Department of Justice (DOJ) criminal background clearance, a valid Red Cross approved Basic First Aid Card, a signed Pastoral Reference Form, and a release from a physician of fitness of duty as recorded on form LIC503. I understand that these certifications are pre-requisites for employment and I am not paid to attend any required course or receive any reimbursements of fees paid by me to obtain it unless noted in an Offer of Employment letter. I may also be required to provide evidence of motor vehicle records (DMV Printout) and automobile insurance as a condition of employment under the same terms.

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification. I further understand that any deliberate, factual error or a misrepresentation may be grounds for termination.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WestHaven Mission Statement

*Christians need never retire from kingdom living.*

*To bring glory to God by providing meaningful participation in the ministry of the Gospel of Jesus Christ to elderly members of our community through the operation of senior residential facilities.*

## WestHaven Vision Statement Excerpts

*To provide assistance with activities of daily living to seniors, especially Christian widows, through the development and operation of residential care facilities.*

*To enrich the lives of seniors in our community through ministry which nurtures physical, social, and spiritual life.*

*To strive, by God's grace, to expand the ministry to serve the greatest number of seniors in facilities which are operated according to the highest ethics of the community of Christ.*

## Statement of Faith

*We believe:*

*that the Bible, in the original autographs, is the only inerrant and inspired Word of God and is, therefore, our final authority.*

*in the eternally existing, triune God: Father, Son, and Holy Spirit.*

*in the deity of Jesus Christ, His virgin birth, His sinless life on earth, His miracles, His atonement for the sins of men through His suffering and death on the cross, His bodily resurrection, and His ascension to the right hand of the Father where He now acts as Mediator and Advocate for the purchased saints known as the Church.*

*in the personal return of our Lord Jesus Christ in power and glory to reign in righteousness over the Kingdom of God. We believe in the bodily resurrection of both the saved and the lost; the saved to the resurrection of life and the lost to the resurrection of damnation.*

*that the fall of mankind from his state of innocence, an historical fact recorded in the book of Genesis has rendered all of mankind guilty, sinful, and spiritually dead. Regeneration by the Holy Spirit is the sole remedy for this fallen condition and is essential for the salvation of fallen and sinful men.*

*that the good news of the Gospel is that God Himself has provided a righteousness in His Son, the Lord Jesus Christ, that is received by faith alone, so that our salvation is neither wholly or in part dependant upon our good works.*

*in the present ministry of the Holy Spirit who indwells all true believers and enables them to believe the Gospel, to obey God's commands from the heart, and to persevere in faith.*

*in the spiritual unity of all the saints of God who have been granted faith and eternal life. We further believe in the necessity of good works as evidence of genuine faith.*

*that eternal life in heaven with God is reserved for believers and that eternal wrath in hell is reserved for unbelievers.*