

WestHaven Senior Living

1440 Fairview Street Orland CA 95963

jobs@westhavenorland.com

EMPLOYMENT APPLICATION FORM

Last Name:		First:			Middle:			
Address (City, State, Zip)		Telephon	Telephone: Mobile Telephone:					
Are you 18 years of age or older? □ Yes □ No		Email Ad	dress:					
Date of last physical examination: Unknown	/ /		Jnknowr	1	1	/		
Have you ever been employed und ☐ Yes ☐ No		name? If ye	s, pleas	e list al	ll names used			
Do you possess a valid California driver's license? Yes No	Do you possess a valid California driver's license? Under Yes California driver's license ever been suspended or revoked? If yes, please explain (you may attach a separate page). Under Yes							
NEAREST	LIVING RELA	ATIVE/ OTI	HER CL	OSE P	ERSONAL C	ONTACT		
Name: Address:			Telep Relati	hone: onship:	:			
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D Full D Internal	II. POSITION	''				lariaal Cura	- u4	
□ Full □ Internsh Time □ Other □ Part Time	Houseke Mainten	eeping Dining Room Support Medications Aide						
Time					/			
	111	PREVIOUS	FMPI C	YMEN	IT			
(List MOST RECENT FIF						y attach exti	ra pages.)	
Name and Address of Employer	Telephone	Job Title		Supe	rvisor Name	Dates E	mployed	May We Contact?
Name and Address of Employer	Number	Type of \	Work	Oupo	TVISOI INGINIC	From	То	Yes/No

I. PERSONAL

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	IV. EDUCATION					
Check	all that apply:	List all Earned Degrees/Certificates and Certificate Numbers:				
	No High School Diploma					
	High School Diploma/Certificate					
	Some College/No Degree					
	Associates Degree Earned					
	Bachelors Degree Earned					
	Masters Degree or Above	Currently enrolled in high school completion course? If yes, give expected				
	LVN or RN (Circle One)	completion date.				
	Other	□ Yes				
		□ No				

Name University, College, or Business School and Address	Major/Subject	Number. of Years Attended	Number of Units Completed	Diploma/Degre e/Certificate	Date Completed

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

V. PROFESSIONAL REFERENCES								
(Inc	(Include former employment and professional references only please)							
Name Address Telephone Number Relationship								

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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 AUTHORIZATION FOR RELEASE OF INFORMATION

WestHaven Assisted Living may seek further information prior to determining an applicants suitability for the ministry. My signature below authorizes WestHaven and/or its agents to conduct any and all legally permissible background checks. I understand that WestHaven does not discriminate based on sex, race, color, or national origin. I also understand that WestHaven identifies religion as a bona-fide occupational qualification for all staff members providing special protections for the employer that include requiring adherence to the ministries unique protected religious hiring requirements. These requirements are outlined in the WestHaven Statement of Faith; Employee Covenant; and the Statement of Staff Conduct. Copies of each of these documents are provided at time an offer is made. They are also available to any applicant upon request by writing info@westhavenorland.com or by visiting our offices in person during normal business hours, Monday-Friday, 9AM-4PM.

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, 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 all of the statements made in this application, pre-interviews, and subsequent oral interviews and all required pre-employment screenings, physical exams, and correspondence 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:		

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At WestHaven Senior Living 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.

God created mankind in His image, male (man) and female (woman); sexually different but with equal personal dignity and worth. Gender is defined by God not man and efforts to deny, change, or modify one's identity, by any means, are prohibited by Holy Scripture.

God has given to mankind standards of moral conduct intended to benefit the individual and to secure the blessing of God for individuals and all mankind. Acts in violation of the clear moral teachings of scripture are sinful and harmful to God's creation to include the sinner and the innocent. WestHaven holds the clearly taught biblical position that sexual relations are intended for procreation and are rightly confined to heterosexual monogamous marriage between a man and a woman. God expects His children to refrain from sin as well as heed calls from others to repentance. Such acts of accountability are expressions of love and mercy.



WestHaven Senior Living and Special Care Communities

RCFE LIC 115001617 and 115002248 1440 Fairview St. – Orland, CA 95963 (530) 865-5299 Fax (530) 865-9333

www.westhavenorland.com

Application Questionnaire

Αŗ	oplicant's Name:
Po	osition Applying For: Date:
Th	ne Basics
	*The following is a list of possible shifts and rotations. Please check the boxes for any that you could work on a regular basis.
	□Weekends □Holidays □10hr shifts □12hr shifts □24 Hour Shifts
	□ 3am -3pm □ 4am-12pm □ 6a-2p □ 6am-3:15pm □ 9:30am – 6pm
	□ 3p-3a □ 3p-11p □ 4p-8p □ 7a-7p □
	Do you have a reliable means of transportation to and from work?
	What education and/or training have you had that will enable you to do this job?
In	erest and Skills
	What interests you about working for this company?
-	What is it that interests you about the particular position for which you are applying?



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□ What skills do you have that make you the best candidate for this position? How have you developed and used those skills in the past?

Mo	Motivation and Style							
	What motivates you to do your best work?							
	Do you work best in a structured or unstructured environment? Why?							
-	Do you prefer to work on your own or in a group setting? Why?							

- □ Do you find you do your best work when "under the gun" or when you have plenty of time until a deadline? Why?
- □ What is the single achievement in your life of which you are most proud? Why?



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W	ork Relationships
	How would you describe the type of relationship you should have with your supervisor?
	How would you describe the type of relationship you should have with your subordinates?
	Briefly describe both the best and worst supervisors to whom you have reported in the past
	What would you do if the president of the company asked you to do something that your supervisor had specifically asked you not to do?
Pr	roblem Solving
	Describe a challenge you met in a previous job, and what you did to meet that challenge.
	Describe a mistake you made in a previous job, and what you did to correct it.
	If you had been away from the job, or out of the office, for several days, how would you prioritize the work to be caught up on when you returned?



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Essential Functions

- □ The essential physical functions of this job are:
 - Being on your feet for at least 80% of your shift.
 - Lifting up to 24 pounds.
 - Wearing a back brace for lifting anything over 24 lbs, and using a hand truck for awkward items.
 - o Reaching for items on high shelves, stooping to low shelves.
 - o Getting on hands and knees for cleaning, gardening, etc.
 - Attending to the personal needs of our residents. This includes assistance with toileting, showering, and other activities of daily living.
 - o Proper use of step stools and ladders up to 4 feet in height.
 - A sustained level of moderate physical activity for periods of 2-3 hours at a time without interruption.
 - o Periods of strenuous physical activity lasting up to 50 min without interruption.
- □ Can you perform these essential physical functions with or without reasonable accommodation?
- □ If not, which functions would you be unable to perform?

Comments:			