

# APPLICATION FOR

## EMPLOYMENT

# PRIMITIV

ELEVATED — WELLNESS

T

*We are an equal opportunity employer. We treat all applicants and employees equally without regard to any legally-protected status, such as race, color, national origin, disability, age, gender, sex, religion, sexual orientation, height, weight, national origin, familial status, marital status or status as a protected veteran. If you are a qualified individual with a covered disability in need of an accommodation to apply, please contact our main office..*

### (PLEASE ANSWER EACH QUESTION)

Date of Application: \_\_\_/\_\_\_/\_\_\_

Position Applied for: \_\_\_\_\_ Approximate salary/rate desired: \_\_\_\_\_

Referral Source:  Monster.com  Friend  Relative  Michigan Talent Bank  
 CareerBuilder.com  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Area Code

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_/\_\_\_/\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_/\_\_\_/\_\_\_

Are you employed now?  Yes  No May we contact your past/present employers?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

**Note:** 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  Summer  Temporary

Which shifts could you work?  Morning  Afternoon  Midnights

Are you on a layoff and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation?

Yes  No

For driving jobs **only**, do you have a valid driver’s license?

Yes  No

Have you been convicted of a felony at any time, or have any pending felony charges?

Yes  No

If “yes,” please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** A criminal record will not necessarily be a bar to employment. The company will also consider factors such as your age at the time of the offense, the nature and severity of the offense, rehabilitation efforts, the amount of time since the offense occurred, and the offense’s relationship to the essential duties of the position sought. You are not required to, nor should you, disclose any conviction that is “sealed,” “expunged,” “set aside,” or “erased” under applicable state law (i.e., a conviction record that is non-public and unreportable).

**EDUCATIONAL EXPERIENCE**

	<b>High School</b>	<b>College/Undergraduate</b>	<b>Graduate/Professional</b>
School name:			
Years completed (circle one):	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/degree earned:	N/A		
Major/courses of study:	N/A		
Honors received:	N/A		
GPA:			

Please describe any other education, training, apprenticeships, skills, or relevant extracurricular activities you would like us to consider, without disclosing any information that indicates race, sex, religion, or other protected status: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Please list all jobs you have previously held or currently hold, in reverse chronological order, starting with your present or last job. Do not write "see resume." You should include any military service and volunteer activities in which you received relevant job experience. If possible, do not disclose any organization names or other information that indicates race, sex, religion, or other protected status.

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				

Employer:	Telephone: ( )	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:.				

**You must attach separate sheet(s), if you have been employed by any other employer not listed above.**

---

**POST-EMPLOYMENT OBLIGATIONS AND OTHER RESTRICTIONS**

Are you currently subject to any court ordered injunctions, employment agreements, or other restrictions that would interfere with or prevent you from working with us, such as non-compete, non-solicitation, or confidentiality obligations owed to a former employer?

Yes  No

If “yes,” please explain and provide a copy of the agreement/order (if permitted to disclose): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please understand that you cannot bring to this Company any confidential information belonging to another company.

---

**SPECIAL SKILLS AND QUALIFICATIONS**

Please describe any relevant special skills, on-the-job training, licensing, certifications, or other qualifications you acquired from any employment, military service, volunteer work or otherwise, without disclosing any information that indicates race, sex, religion, or other protected status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**REFERENCES**

Please exclude family members and supervisors listed above under your employment experience.

Name	Telephone	How do you know this person?

**ADDITIONAL INFORMATION**

Please state any additional information that you feel may be helpful to us in considering your application and suitability for the \_\_\_\_\_ position \_\_\_\_\_ you \_\_\_\_\_ are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**READ BEFORE SIGNING**

1. I have carefully reviewed the instructions and the information I provided in this application. I provided complete, truthful, and accurate information. I will inform WEINBERG FAMILY ENTERPRISES LLC, a Michigan limited liability company (the “**Company**”), immediately if any information I have provided changes while my application is being considered. I understand that if any information in this application or otherwise provided by me is found to be misrepresented, omitted or otherwise incorrect, it may result in rejection of my application or termination of employment.
2. I understand that this application will only be considered for the position for which I applied. I also understand that this application will remain current for only 90 days. If I am not hired for that position or have not heard from the Company after 90 days and still wish to be considered for employment, I understand that I must re-apply and submit a new application.
3. I understand and agree that if I am employed, my employment with the Company will be “at-will,” which means that either I or the Company, at any time, with or without cause, and with or without notice, may terminate my employment relationship. I understand that no one can modify the Company’s “at-will” policy, except for the President of the Company in a document addressed specifically to me entitled “For Cause Employment Agreement.”
4. I understand that any offer of employment I may receive may be conditioned upon me satisfactorily passing a pre-employment background check, physical examination, references check, drug test, and similar screening and being able to verify my identity and authorization to work in the United States.
5. I understand that, under Michigan law, applicants and employees with covered physical or mental disabilities may request a reasonable accommodation to perform the essential duties of the job. In such instance, I understand that I must notify the Company, in writing, no later than 182 days after the time I know or should know that an accommodation is needed. I understand that my failure to timely and properly notify the Company may preclude any claim by me alleging that the Company failed to accommodate the disability.
6. I authorize the Company, its affiliates, and their agents to make whatever inquiries deemed necessary in connection with my application and suitability for the position that I am seeking. As part of such inquiries, the Company, its affiliates, and their agents have my permission to contact persons and entities who may have information relating to my qualifications for employment. I agree to release and hold harmless the Company and all other persons and entities from any liability from any damages that may result from requesting or furnishing such information. I also waive written notice from my current employer and former employers regarding the disclosure of disciplinary reports, letters of reprimand, and other notices of disciplinary action contained in my personnel records.
7. If I am hired by the Company, I agree to file any claim or lawsuit in any way related to my employment, or the cessation of my employment within 180 days after the claim arises, or within the applicable statutory limitations period, whichever occurs first. I acknowledge that my failure to do so shall act as a bar to any claim I may have, and I waive any longer statutory limitations period to the contrary.
8. By signing below, I fully agree to the foregoing statements, which are contractual and agreed upon by me in consideration of my employment candidacy. If one or more of the foregoing statements contained in this application are declared unenforceable or void, the balance of the statements shall remain in full force and effect.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**DATE**

**FCRA DISCLOSURE NOTICE REGARDING  
CONSUMER AND INVESTIGATIVE REPORTS**

**IMPORTANT: Please read and consider carefully.**

In accordance with the federal Fair Credit Reporting Act (“FCRA”) and applicable state and local laws, WEINBERG FAMILY ENTERPRISES LLC, a Michigan limited liability company (the “Company”), may obtain consumer reports and investigative consumer reports (e.g., criminal history and credit reports) regarding your character, employment history, general reputation, criminal record, military service, education, licensing, qualifications, motor vehicle record, references, mode of living, credit history/worthiness, and other personal characteristics in connection with your potential or actual employment with the Company. Pursuant to this disclosure by the Company and your signed authorization, the Company may obtain consumer reports and investigative consumer reports as described herein at any time after the Company receives your authorization, during your employment, and as legally permitted. These reports will allow the Company to verify information you have submitted in your employment application, resume, job interview, license and certification applications or elsewhere, and obtain additional information regarding your qualifications for employment.

In the event an “investigative” consumer report is procured by the Company (i.e., a report including information as to your character, general reputation, personal characteristics, or mode of living gathered by a consumer reporting agency through personal interviews with neighbors, friends, or other persons associated with you), you will be advised of the fact and provided with *A Summary of Your Rights Under the Fair Credit Reporting Act* notice. Moreover, you will be permitted to request a description by the Company of the nature and scope of any such investigation.

Whenever it is required by the FCRA, and before any adverse action is taken by the Company in connection with your potential or actual employment, based in whole or part on information contained in any consumer report or investigative consumer report, you will receive a copy of the report, *A Summary of Your Rights Under the Fair Credit Reporting Act* notice, and an opportunity to dispute the accuracy of the contents of the report. Negative criminal record information contained in a report will not necessarily disqualify you for employment but will be taken into consideration in light of (1) age at the time of and the date of the offense, (2) nature and severity of the offense, (3) the relationship of the offense to the essential duties of the particular job sought or held, and (4) history or rehabilitation and good conduct. Please note, however, that the Company considers a variety of factors in making employment decisions, and, as a general matter, no single factor accounts for that decision.



**AUTHORIZATION FOR PROCUREMENT & RELEASE OF INFORMATION**

I hereby authorize, without reservation, WEINBERG FAMILY ENTERPRISES LLC, a Michigan limited liability company (the “**Company**”), its affiliates, and any of their agents to obtain consumer reports and investigative consumer reports at any time, subject to and for the purposes stated in the *FCRA Disclosure Notice Regarding Consumer and Investigative Consumer Reports* that I acknowledge having received, read, and fully understand. I understand that consumer reports and investigative consumer reports may contain information regarding my character, employment history, general reputation, criminal record, military service, education, licensing, qualifications, motor vehicle record, references, mode of living, credit history/worthiness, and other personal characteristics. I recognize that the Company has the right to obtain additional reports in the future regarding me as to any related matter.

I further authorize all persons and entities to release all verbal and written information and records about me to a consumer reporting agency used by the Company, to the Company directly, and to the Company’s affiliates and agents, for use by the Company for employment related purposes.

**My signature below indicates that I have read and acknowledged the *FCRA Disclosure Notice Regarding Consumer and Investigative Reports* and that I have freely given my authorization in accord with the foregoing. I understand that the Company only collects my aliases and date of birth below for identity verification and does not use such information for any other employment-related reasons.**

**LAST NAME (INCLUDE ALIASES) FIRST NAME** **MIDDLE NAME**  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
-----

**ADDRESS**  
\_\_\_\_\_, APT./STE. \_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_, ZIP \_\_\_\_\_  
-----

<b>SOCIAL SECURITY</b>	<b>NO. DRIVER’S LICENSE NO</b>	<b>STATE OF ISSUANCE</b>	<b>DATE OF BIRTH</b>
_____	_____	_____	_____

<b>SIGNATURE</b>	<b>DATE</b>
_____	_____