



**MDX INC.**  
P.O. Box 313 Milford, Ohio 45150  
www.mdzexcavating.com  
Office: 513-469-0127 Fax: 513-455-3022



## EMPLOYMENT APPLICATION

The information required in this application will help us make the best possible placement within our company. All parts of this application pertaining to you must be completed. We appreciate the time you spend filling out this form.

MDX Inc., in accordance with state and federal laws, is an equal opportunity employer and does not discriminate on the basis of age, race, sex, religion, color, nation origin, physical or mental disability, or ancestry.

All applicants who receive job offers are required to undergo drug testing. ALL OFFERS OF EMPLOYMENT WILL BE CONDITIONED ON THE RESULTS OF THESE TESTS.

NOTE: If, after ninety (90) days from the date of this employment application, you have not been contacted by MDX Inc., and you still desire to be considered for a position here, you must submit a new employment application.

APPLICANT INFORMATION			
Last Name:		First:	Middle Name:
Street Address:			Apartment/Unit #
City:		State:	ZIP Code:
Phone Number: (    )		E-mail Address:	
Social Security # (optional)	Date Available:		Desired Salary:
Position Applying For:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What experience or skills qualify you for work here? <hr/> <hr/> <hr/>			
The normal working hours of the company vary, including Saturdays. Without indicating the need for any absences for religious practices during the normal working hours, are you otherwise available to work during these times?			YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, highest grade completed:	
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Graduate School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Apprenticeship:		Address:	
From:	To:	Trade:	

PREVIOUS EMPLOYMENT			
Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

## REFERENCES

Please list three (3) personal references. (No former employers or relatives.)

Full Name:	Years Known:
Relationship:	Phone: (    )
Address:	
Full Name:	Years Known:
Relationship:	Phone: (    )
Address:	
Full Name:	Years Known:
Relationship:	Phone: (    )
Address:	

READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTION, ASK FOR ASSISTANCE BEFORE SIGNING THIS DOCUMENT.

I certify that the information contained in this application is true, accurate, and complete. I understand that falsification of this employment application in any detail may result in my being disqualified from further consideration, or, if I am hired, my immediate dismissal from employment without notice. As a condition of employment, I understand that the MDX Inc. reserves the right to completely investigate and verify all information contained in this application. This includes, but is not limited to, contacting any of the above mentioned employers, supervisors, and references. I agree to indemnify and save harmless MDX Inc. from and against any liabilities, claims, attorney fees, costs, causes of action, or other liability arising directly or indirectly from, or associated with this employment application.

I agree to conform to the rules and regulations of the MDX Inc., and I understand that, if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either MDX Inc. or myself.

I agree to have Doctors' Urgent Care collect urine from me and to conduct other necessary medical tests to determine the presence of controlled substance drugs. Further, I give my consent for the release of these tests results to the Medical Review Officer, and subsequent verified results to the authorized company designee for appropriate review. I understand that if I refuse to consent, I may be subject to disciplinary action, including ineligibility of employment. This test is required by the Federal Code of Regulations, and those regulations will be followed. I understand that if my drug test is positive (after Medical Review Officer confirmation), I will be telephoned at my listed phone number. This allows me to contest the results for medical reasons. I must respond within three (3) days. If I do not, the company designee will have an additional five (5) days to contact me and have me contact the Medical Review Officer. If I do not respond, the drug test results may be verified positive by the Medical Review Officer, and a statement of positive results will be reported to MDX Inc. Further, if I have an appointment with the Medical Review Officer and fail to present myself, the results of my positive urine test may be considered verified, and the positive results will be reported to MDX Inc.

I agree to have MDX Inc. request my driving record in order to assess potential driving privileges in company owned vehicles in the event that I should be employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date