

ADMIT

MEDICAL TESTING INC

The Drug Testing Professionals

DRIVER AND/OR EMPLOYEE ENROLLMENT

COMPANY NAME: _____

DATE: _____

USE THIS FORM TO ENROLL DRIVER'S
AND EMPLOYEES.
OWNER/OPERATORS MUST COMPLETE
THIS FORM.

*PLEASE PRINT OR TYPE THIS
INFORMATION*

NAME: _____
SSN#: _____ LICENSE: _____ STATE: _____
PLEASE CHECK ONE: <input type="checkbox"/> PRE-EMPLOYMENT TEST ON FILE <input type="checkbox"/> SCHEDULE A PRE-EMPLOYMENT TEST

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COMPLETE THIS APPLICATION AND MAIL TO: 3401 BROADHEAD ROAD, SUITE A, ALIQUIPPA, PA 15001

PHONE: (724) 770-0710 FAX: (724) 770-0609 1-800-261-9431