



CAREER ENHANCEMENT PROGRAM APPLICATION

Course Name: _____

Course Date: _____

Name of Applicant: _____

E-mail Address: _____

Telephone Number: _____ Facsimile: _____

Address: _____

Name of Prior Employer: _____

Length of Time of Prior Employment: _____

Total number of years of experience in relevant industry: _____

(Minimum of 5 years to be selected for this Program)

Reason for Unemployment

- Laid-Off
- Workforce Reduction
- Job Completed
- Office/Company Closed or Relocated

Describe benefit of the course to the Applicant:

MDX reserves the right to reject any application for any reason, at its sole discretion. Applications are considered on a first-come, first-serve basis. Courses have limited space capacity. Please fill out one application per course. **COMPLETED APPLICATIONS SHALL BE E-MAILED TO MDX4Business@mdxway.com**