APPLICATION FOR EXAMINATION:
SURFACE COAL MINE INSPECTOR

MINIMUM APPLICATION REQUIREMENTS:

1. A citizen of West Virginia, in good health, not less than twenty-four (24) years old, of **good character and reputation, and of temperate habits**; and,

2. A person who has had at least five (5) years of practical experience* in coal mines, at least two (2) years of which have been in surface mines in this state: Provided that graduation from any accredited college of mining engineering may be considered the equivalent of two years of practical experience.

3. And a person who has a good theoretical and practical knowledge of surface mines, surface mining methods, sound safety practices and applicable mining laws and rules.

4. Must submit a copy of your valid West Virginia driver's license with this application.

* Practical experience means the performance of normal mining duties requiring a person to hold a certificate of competency and qualification as an experienced surface miner prior to actually performing the duties.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of surface coal mining experience and the occupation(s) or classification(s) at which you were employed**, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the surface coal mining industry).

If the minimum requirements are not met by the applicant and/or the requested information and documentation is not provided by the applicant, the application will be considered insufficient by the WV Office of Miners' Health, Safety and Training and the applicant will not be eligible to be added to the respective register for employment consideration with the Office of Miners' Health, Safety and Training.

Mail the properly completed paperwork and ***notarized*** application to the following address:

WV Office of Miners' Health, Safety and Training
#7 Players' Club Dr., Ste 2
Charleston, West Virginia 25311
ATTN: Leah Craver

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION

(revised 2/26)

Name: _____ Date: _____

Social Security Number(Last 4 only): _____

Valid WV Driver's License Number: _____
(Must submit a copy of your valid West Virginia driver's license with this application)

Current Address: _____

Current Physical Address (if different from above): _____

Current Telephone Number: ( ) _____

How long have you resided at this address? Years: _____ Months: _____

Previous Address: _____

How long did you reside at this address? Years: _____ Months: _____

Current Email Address: _____

Have you been convicted of a felony? _____Yes _____No. If yes, please explain:

_____

_____

_____

EDUCATION

Did you receive a high school diploma or high school equivalency diploma (GED)? ___Yes___No

Mark highest grade completed: ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12

Additional Education: All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an **official transcript**, copy of **diploma** or **certificate**, or **written statement** from an authorized agency verifying possession of the necessary credentials.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	Mo/Yr.	Mo/Yr.	
College (Undergraduate)							
College (Graduate)							
Business, Vocational, or Technical School							
Additional Training, (Semesters, Military Trg., Workshops, Etc.)							

Military Service:	Type of Discharge:

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION

(revised 2/26)

In the space below, list any related licenses and certificates. (Verification copies must be provided.) If you have a **Commercial Driver's License** (CDL), enter your **License Number, CDL License Class, and Expiration Date**.

What gas detecting instruments do you have experience in using?

_____

_____

_____

REGIONAL OFFICES

Select a **Region** in which you will definitely accept employment.

Mark **ALL Regions** only if you are willing to accept employment in any region and are willing to relocate.

☐ **Region 1 Westover**		☐ **Region 2 Welch**	☐ **Region 4 Oak Hill**
Barbour	Monongalia	Cabell	Boone
Berkeley	Morgan	Lincoln	Braxton
Brooke	Ohio	Logan	Clay
Calhoun	Pendleton	Mason	Fayette
Doddridge	Pleasants	Mingo	Greenbrier
Gilmer	Preston	McDowell	Jackson
Grant	Randolph	Mercer	Kanawha
Hampshire	Richie	Monroe	Nicholas
Hancock	Taylor	Summers	Pocahontas
Hardy	Tucker	Wayne	Putnam
Harrison	Tyler	Wyoming	Raleigh
Jefferson	Upshur		Roane
Lewis	Wetzel		Webster
Marion	Wirt		
Marshall	Wood		
Mineral			
Mark only if available in **ALL** regions ☐			

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, social security card, credit cards, and passport).

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION

(revised 2/26)

Affirmation: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the Office of Miners' Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the Office of Miners' Health, Safety and Training from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature: _____ Date: _____

You must attach official documentation from your employer(s) detailing your years of practical surface coal mining experience and the occupation(s) or classification(s) at which you were employed, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the surface coal mining industry). Please use additional pages as necessary.

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From: To:
Detailed Description of Your Duties and Responsibilities		

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION

(revised 2/26)

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From: To:
Detailed Description of Your Duties and Responsibilities		

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION

(revised 2/26)

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From: To:
Detailed Description of Your Duties and Responsibilities		

Examination: SURFACE **Test No._____**

APPLICANT INFORMATION **(revised 2/26)**

AFFIDAVIT OF APPLICANT

I, _____, do hereby affirm that I am a resident of West Virginia. I currently have_____ years and _____ months of practical surface coal mining experience, at least two (2) years of which have been in surface mines in this state. I affirm that I am in good health and that the statements and information recorded in this application are true and accurate to the best of my knowledge. I agree that if an appointment to the position of surface coal mine inspector is offered and accepted, I will accept initial assignment or a later transfer to any location in the State of West Virginia as designated by the Director of the West Virginia Office of Miners' Health, Safety and Training, pursuant to § 22A-1-4(b)(3) of The West Virginia Code.

_____

Applicant's Signature

STATE OF WEST VIRGINIA

COUNTY OF _____ TO WIT:

Acknowledged, subscribed, and affirmed before me in my said county, this _____day of

_____, _____.

_____

Notary Public

My Commission Expires _____,

NOTE: If you are placed on the register for employment, you must indicate in writing annually (every year) as to your continued availability for employment. Failing to comply could result in your being removed from the register as per WV Code §22A-9-1(3).