# APPLICATION FOR EXAMINATION: UNDERGROUND 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 practical experience with dangerous gases found in coal mines;
- 3. A person who has a good theoretical and practical knowledge of underground mines, mining methods, mine ventilation, sound safety practices and applicable mining laws and rules.
- 4. 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 mines in this state: Provided that graduation and a four (4) year degree from any accredited college of mining engineering may be considered the equivalent of two years of practical experience.
- 5. Must have a valid West Virginia driver's license.
- \* Practical Experience means the performance of normal mining duties requiring a person to hold a certificate of competency and qualification as an experienced underground miner prior to actually performing such duties.

If you meet these minimum requirements, you must attach official documentation from your employer(s) detailing your years of underground 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 underground 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 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

# **APPLICANT INFORMATION**

Test No	
	(revised 7/25)

Name:					Date:		
Social Security Number(L	ast 4 only): _						
Valid WV Driver's License	Number:						
Current Address:							
Current Physical Address	(if different fron	n above):					
Current Telephone Numb	er: ( )						
How long have you reside	d at this addr	ess? Years:			Months:		
Previous Address:							
How long did you reside a	t this address	? Years:			Months:		
Current Email Address: _							
Have you been convicted	l of a felony?	Yes _	No. I	f yes, plea	se explain	:	
			<u>JCATION</u>				
Did you receive a high sch	ool diploma c	or high scho	ol equivale	ency diplor	na (GED)?	Yesl	No
Mark highest grade comp	leted:12	234 _	_56	789	1011	12	
Additional Educatio	n: All acader	nic training	other th	nan high s	school or	CFD must	he verified
Verification of academ certificate, or written	nic training m	nay be in th	ie form of	an <b>officia</b>	ıl transcri	<b>pt</b> , copy of	f <b>diploma</b> or
credentials	i succincii	nom un uu	diorizea a	gency veri	iying poss	ession or t	ne necessary
School Name and Address	Field(s)	of Study	Credit	Hours		es of dance	Type of Degree
	Major	Minor	Sem.	Quar.	Mo/Yr.	Mo/Yr.	
College (Undergraduate)							
College (Graduate)							
Business, Vocational, or Technical School				•			
Additional Training, (Semesters, Military Trng., Workshops, Etc.)							
Military Service:			Type of 1	Discharge:			

<b>Examination</b>	· UNDER	ROUND
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<b>Test No</b>

### **APPLICANT INFORMATION**

(revised 7/25)

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.

<u>1</u>				
Regio	n 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 <b>ALL</b> 1	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).

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#### **APPLICANT INFORMATION**

(revised 7/25)

**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.

information that may be sought in con-	meetion with this application.	•	
Signature:		Date:	
You must attach official document underground coal mining experient employed, beginning with your cur position if you are not currently er additional pages as necessary.	ice and the occupation(s) orrent employer and position	r classification(s) n (or your most re	at which you were cent employer and
Employer Name and Address		Employer Phone Nu	mber
Name of Supervisor	Your Title	Employment Dates	
		From:	То:
Detailed Description of Your Duties and			

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Test No	
	(revised 7/25)

Employer Name and Address		Employer Phone Nu	mber
Name of Supervisor	Your Title	Employment Dates	
		From:	То:
Detailed Description of Your Duties and	Responsibilities		

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PPLICANT IN	FORMATION	I
II LICANI IN	runmanu	7

Test No	
	(revised 7/25)

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

**APPLICANT INFORMATION** 

(revised 3/24)

## **AFFIDAVIT OF APPLICANT**

I,	, do hereby affirm that I am a resident of Wes
Virginia. I currently have	years and months of practical underground coa
mining experience, at least t	o (2) years of which have been in underground mines in this state.
affirm that I am in good healt	and that the statements and information recorded in this application
are true and accurate to the l	est of my knowledge. I agree that if an appointment to the position o
underground coal mine insp	ctor is offered and accepted, I will accept initial assignment or a late
transfer to any location in t	e State of West Virginia as designated by the Director of the Wes
Virginia Office of Miners' He	olth, Safety and Training, pursuant to § 22A-1-4(b)(3) of The Wes
Virginia Code.	
	Applicant's Signature
	Applicant's Signature
STATE OF WEST VIRGINIA	
COUNTY OF	TO WIT:
Acknowledged subscribed and s	firmed before me in my said county, thisday of
Ackilowieugeu, subscribeu aliu a	ir med before me in my said county, thisday or
<b>,</b>	<del></del>
	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).