

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 of age, 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 have a valid West Virginia driver's license.

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).

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

Board of Coal Mine Health & Safety
106 Dee Drive
Charleston, West Virginia 25311
ATTN: Mallory Yates
(304) 205-4120

APPLICANT INFORMATION

Name: _____ Date: _____

Social Security Number: _____

Valid WV Driver's License Number: _____

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: _____

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 Names and Addresses | 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 Training, Workshops, Etc.) | | | | | | | |

Military Service: _____ **Type of Discharge:** _____

APPLICANT INFORMATION

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 permissible 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 be willing to relocate.

| <input type="checkbox"/> Region 1 Westover | | <input type="checkbox"/> Region 2 Welch | | <input type="checkbox"/> 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 | Ritchie | 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 **AN EQUAL OPPORTUNITY EMPLOYER**

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).

Affirmation: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the WV Office of Miners’ Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the WV 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 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).

APPLICANT INFORMATION

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

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

APPLICANT INFORMATION

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

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

APPLICANT INFORMATION

AFFIDAVIT OF APPLICANT

I, _____, do hereby affirm that I am a resident of West Virginia. I currently have _____ years and _____ 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(4).