

# SOUTH FORK COAL COMPANY

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

We consider qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that can be reasonably accommodated, or any other legally protected status. The fact that this application has been provided to you does not necessarily mean there are positions available, and does not in any way obligate the Company to offer you employment.

**INSTRUCTIONS** - Each question/part must be fully and accurately completed as possible. Further consideration may not be given until all questions/parts have been completed.

**PLEASE PRINT** - *except where you are instructed to sign your name.*

#### List The Job Position/Title For Which You Are Applying:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

#### For What Department Are You Applying:

Surface

Plant

High Wall Miner

**Applications are kept in active status for six (6) months.**

### PERSONAL

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Other name(s) used that would help us check your work history/education: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Mailing Address City State Zip Code

Are you at least 18 years of age?  Yes  No If hired, can you provide proof of age?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Have you ever applied for a position at South Fork?  Yes  No If yes, when: \_\_\_\_\_

Have you ever been employed by South Fork?  Yes  No If yes, when: \_\_\_\_\_

Do you have any relatives employed at South Fork?  Yes  No If yes, who: \_\_\_\_\_

Have you ever been discharged or asked to resign?  Yes  No If yes, please explain: \_\_\_\_\_

If hired, when can you be available for work: \_\_\_\_\_

Please check the shifts you are available to work:  Day  Evening  Midnight

Please check the days you are available to work:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Have you been convicted of, or pled guilty, to a violation of state, federal or local (other than minor traffic violations) in the past 10 years?  Yes\*  No

If yes, list what type of violation, the date of conviction, the county and state of the violation was committed in, the sentence and the current status: \_\_\_\_\_

\*NOTE: A "yes" response does not automatically disqualify an applicant from employment.

---

---

**EMPLOYMENT RECORD****(BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND GO BACKWARD)**

---

1. Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Address (or location of job site): \_\_\_\_\_
3. Do we have permission to contact this Company?  Yes  No
4. Type of business of this Company: \_\_\_\_\_
5. Dates (Mo/Yr) you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_
6. List your last (or current) hourly rate of pay; or annual salary: \$ \_\_\_\_\_
7. Your last immediate supervisor is/was: \_\_\_\_\_ Phone Number: \_\_\_\_\_
8. Other supervisors you worked for with this Company: \_\_\_\_\_
9. Reason you left (or why you are looking to leave if still employed): \_\_\_\_\_

10. List all jobs you performed for this Company and the approximate length of time (in years/months) you worked at each job:

JOB	TYPE OF EQUIPMENT OPERATED	LENGTH OF TIME IN JOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

**EMPLOYMENT RECORD – CONTINUED**

---

1. Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Address (or location of job site): \_\_\_\_\_
3. Do we have permission to contact this Company?  Yes  No
4. Type of business of this Company: \_\_\_\_\_
5. Dates (Mo/Yr) you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_
6. List your last (or current) hourly rate of pay; or annual salary: \$ \_\_\_\_\_
7. Your last immediate supervisor is/was: \_\_\_\_\_ Phone Number: \_\_\_\_\_
8. Other supervisors you worked for with this Company: \_\_\_\_\_
9. Reason you left (or why you are looking to leave if still employed): \_\_\_\_\_

10. List all jobs you performed for this Company and the approximate length of time (in years/months) you worked at each job:

JOB	TYPE OF EQUIPMENT OPERATED	LENGTH OF TIME IN JOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT RECORD - CONTINUED

- 1. Name of Company: Phone Number:
2. Address (or location of job site):
3. Do we have permission to contact this Company?
4. Type of business of this Company:
5. Dates (Mo/Yr) you were employed: From: To:
6. List your last (or current) hourly rate of pay; or annual salary:
7. Your last immediate supervisor is/was: Phone Number:
8. Other supervisors you worked for with this Company:
9. Reason you left (or why you are looking to leave if still employed):

10. List all jobs you performed for this Company and the approximate length of time (in years/months) you worked at each job:

Table with 3 columns: JOB, TYPE OF EQUIPMENT OPERATED, LENGTH OF TIME IN JOB. Includes three rows of blank lines for data entry.

EMPLOYMENT RECORD - CONTINUED

- 1. Name of Company: Phone Number:
2. Address (or location of job site):
3. Do we have permission to contact this Company?
4. Type of business of this Company:
5. Dates (Mo/Yr) you were employed: From: To:
6. List your last (or current) hourly rate of pay; or annual salary:
7. Your last immediate supervisor is/was: Phone Number:
8. Other supervisors you worked for with this Company:
9. Reason you left (or why you are looking to leave if still employed):

10. List all jobs you performed for this Company and the approximate length of time (in years/months) you worked at each job:

Table with 3 columns: JOB, TYPE OF EQUIPMENT OPERATED, LENGTH OF TIME IN JOB. Includes three rows of blank lines for data entry.

How much TOTAL surface/plant/high wall mine experience (in years) do you have?

---

---

## UNITED STATES MILITARY RECORD

---

Were you in the Armed Services:  Yes  No If Yes, what branch? \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Honorable Discharge?  Yes  No

Please detail what job experience you gained there: \_\_\_\_\_  
\_\_\_\_\_

---

---

## EDUCATION

---

<u>School Name</u>	<u>Course of Study</u>	<u># Years Completed</u>	<u>Degree</u>
High School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any additional education and /or vocational technical training you have had (Example: Welding class, diesel engine repair, computer training, etc.): \_\_\_\_\_  
\_\_\_\_\_

---

---

## WV MINE CERTIFICATIONS

---

Surface Foreman                       Experienced Surface Miner                       Electrician  
 Asst. Surface Foreman                       EMT – Miner                       Apprentice Surface Miner

Is your WV Mine Certification active?  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you on probation with WVMHST?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been on probation or had your certifications suspended by WVMHST?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

---

---

## ADDITIONAL EXPERIENCE AND SKILLS

---

Please list any additional job-related experience, qualifications and/or skills, not listed earlier: \_\_\_\_\_  
\_\_\_\_\_

---

---

## REFERENCES

---

Please list two (2) or more supervisor references (not relatives) who are familiar with your job performance.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

**Please read and initial each statement listed below,**

**SIGN YOUR NAME AND PUT THE DATE ON THE BOTTOM OF THIS PAGE.**

**If you fail to comply with these instructions, you may not be considered for employment.**

- Qualified applicants will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that can be reasonably accommodated, or any other legally protected status. (Your initials) \_\_\_\_\_
- **I understand that if employed by South Fork, such employment is “At Will”, which means that either employer or employee can terminate the employment relationship at any time, with or without prior notice, for any reason not prohibited by state or federal law.**
- **I certify the information provided in this employment application is true and correct in all respects. I understand that any false information or omission of information may disqualify me from further consideration for employment; or may justify my dismissal from employment if discovered at a later time. (Your initials) \_\_\_\_\_**
- I understand that before I am employed I may be required to give a Company-directed demonstration to indicate my level of ability to perform certain jobs/tasks for which I may be considered for employment. (Your initials) \_\_\_\_\_
- If I am employed, I agree to comply with and be bound by the safety and work rules and other rules, regulations and policies of the Company. (Your initials) \_\_\_\_\_
- I agree to submit to a post-offer medical examination which includes a drug test; and periodic medical examinations after I am employed, for any reason, at the Company’s discretion. (Your initials) \_\_\_\_\_
- I understand and accept that I must successfully complete a 90-day New Hire Try Out Period if I am hired. (Your initials) \_\_\_\_\_
- I authorize a blanket investigation of all statements contained in this application and do hereby release any and all persons, companies, educational institutions, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. (Your initials) \_\_\_\_\_
- I understand that I will be required to provide the Company with appropriate documentation to establish that I am either a U.S. citizen, U.S. national, or, if neither, that I am legally authorized to work in the United States. (Your initials) \_\_\_\_\_
- **I understand that this employment application will be kept in active status for six (6) months. (Your initials) \_\_\_\_\_**

\_\_\_\_\_  
**YOUR SIGNATURE**

\_\_\_\_\_  
**DATE**