

MEGA HIGHWALL MINING CO.

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 when you are instructed to sign your name.

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

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

_____	_____	_____
Last Name	First Name	Middle Name
If there is any additional information concerning a change of your name or use of another name which would help us check your record please explain: _____		
Social Security Number: _____		
Telephone Number(s): _____		
_____	_____	_____
Mailing address	City	State Zip Code
Are you over 18 years of age? ____ Yes ____ No		
Are you eligible to work in the United States? ____ Yes ____ No If No, give your immigration status: _____		
Have you been employed with this company before? ____ Yes ____ No If yes, when? _____		
On what date would you be available for work? _____		
Have you ever been discharged / fired or required/asked to resign? ____ Yes ____ No		
If Yes, please explain: _____		

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

United States Military Service Record

Were you in the Armed Services: ☐ Yes ☐ No If Yes, what branch? _____
If Yes, please detail what job experience you gained there: _____

Education

Name of your High School: _____
Did you finish High School? ☐ Yes ☐ No
If not, what was the highest grade you completed? _____ Grade
If you did not finish high school, have you obtained your GED? ☐ Yes ☐ No

College: _____ Location: _____

Major: _____ Degree: _____

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

Have you ever been convicted of (or pleaded guilty or nolo contendere (no contest) to a violation of federal, state, local or military law (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, city and stated violation was committed in, the sentence and current status: _____

*Note: A "Yes" response does not automatically disqualify an applicant from employment.

On the next pages it is extremely important that you give as complete and accurate information as you can concerning your work record.

EMPLOYMENT RECORD

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

1. Name of Company: _____ Phone: _____
2. Address (or location of job site): _____
(Do we have permission to contact this Company? ☐ Yes ☐ No)
3. Type of business of this company: _____
4. Dates (Mo/Yr) you were employed: From: _____ To: _____
5. List your last (or current) hourly rate of pay; or annual salary: \$ _____
6. Your last immediate supervisor: _____ Phone: _____
7. Other supervisors you worked for with this company: _____
8. Reason you left (or why you are looking to leave if still employed): _____
9. List all jobs you performed for this company and the appropriate length of time (in years/months) you worked at each job:

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

EMPLOYMENT RECORD - CONTINUED

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_____	_____	_____
_____	_____	_____
_____	_____	_____

SURFACE MINE CERTIFICATIONS

Is your required Annual Safety Training current? ____ Yes ____ No
Do you have a valid Surface Miners certificate? ____ Yes ____ No State(s): ____
Certificate No. _____

Has any action (review, suspended or revoked) been taken by the state(s) against the certification(s) that you hold? ____ Yes ____ No

If Yes, which Certifications? _____
Please explain: _____

Do you have a Surface Mine Foreman Certificate? ____ Yes ____ No State(s): ____
Certificate No.: _____

Do you have a current Surface Mine Electrician's Certificate? ____ Yes ____ No
State(s): _____ Certificate No.: _____

If Yes, check off those for which you are certified:

____ Low Voltage ____ Medium Voltage ____ High Voltage

When did you last attend the required Annual Electrical Re-certification Class? _____

Do you have a Welding Certificate? ____ Yes ____ No
If Yes, when did you receive it? _____

Do you have a current MET / EMT Certification? ____ Yes ____ No State(s): _____

MET Certification No.: _____ Expiration date: _____

EMT Certification No.: _____

SURFACE HIGHWALL MINER JOB QUALIFICATIONS

How much total Highwall Miner experience do you have? _____

Please put a check by every job listed below that you feel you are fully experienced at and qualified to perform. Also list how much experience (in years) you have in each job.

Check	EQUIPMENT/JOB	TYPE(S)	EXPERIENCE
	Superintendent		
	Foreman		
	Electrician		
	Miner Operator		
	Pan Loader		
	Pad Labor		
	Coal Loader		
	Welder		
	Mechanic		
	Other		
	Other		

* If you are a **Heavy Equipment Diesel Mechanic**, do you own a fully equipped service truck? _____

If Yes, what model and make is it, and what is it equipped with (for example, crane, welder, air compressor, etc.)? _____

If you are a heavy equipment diesel mechanic, do you own your own tools? _____

Additional Job References (list only other Supervisors, Bosses, Superintendents, Etc. not listed earlier):

Name	Phone Number(s)	Company you worked with him/her

YOU MUST READ THE FOLLOWING STATEMENTS ON THIS PAGE CAREFULLY. PUT YOUR INITIALS BY EACH STATEMENT ON THE LINE PROVIDED. YOU MUST SIGN YOUR NAME AND PUT IN THE DATE ON THE BOTTOM OF THIS PAGE. If you fail to comply with these instructions, you will not be considered for employment.

We consider qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of medical condition or disability that can be reasonably accommodated, or any other legally protected status, (Your initials) _____

I understand that either misrepresentations or omissions of facts called for on this application are causes for rejection of this application; or for subsequent dismissal from employment. (Your initials) _____

I understand and agree that because employment at this Company is based on mutual consent, the right of employment relationship "At Will" is recognized and affirmed as a condition of employment irrespective of any other company policy, rule or regulation. (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 possible 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 the Company's 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 in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually begin work. (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) _____

YOUR SIGNATURE

DATE

AFFIRMATION ACTION INFORMATION

Completion of this page is voluntary

Our company is or seeks to qualify as a Government contractor subject to Executive Order 11246; Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; (4) Armed Forces service medal veterans; (5) individuals with disabilities; (6) minorities and (7) women.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and individuals, and regarding necessary accommodations; first-aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Please be advised that this information is NOT a part of an official application for employment.

Name: _____ Last 4 SSN XXX - XX - _____

Specific Job Applied For: _____

How were you referred to our company?

1. Check one of the Following: Male _____ Female _____

2. Check one of the following - Race/Ethnic Group:

American Indian or Alaskan native
(A person having origins in any of the original peoples of North, South & Central America who maintains tribal affiliation or community attachment)

Asian
(A person having origins in any of the peoples of Far East, Southeast Asia, or the Indian Subcontinent)

Black or African American
(A person having origins in any of Black racial groups of Africa)

White
(A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Hispanic or Latino(White Race Only)
(A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race)

Hispanic or Latino (all other races)
(A person of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish Culture or origin, and of

Native Hawaiian or Other Pacific Islander
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

any race other than White)

Veteran Status: (If a veteran, please choose all that apply)

DISABLED VETERAN

A disabled veteran is one of the following: (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (b) a person who was discharged or released from active duty because of a service-connected disability.

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

ARMED FORCES SERVICE MEDAL VETERAN

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in the United States military operation for which an Armed Force service medal was awarded pursuant to Executive Order 12985.

RECENTLY SEPARATED VETERAN

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

OTHER PROTECTED VETERAN

I am a protected veteran but I choose not to self-identify the classifications to which I belong.

NOT A PROTECTED VETERAN

I am NOT a protected veteran.

Individual with Disability: Yes _____ No _____

Please contact me confidentially regarding my disability at _____

An individual with a physical or mental impairment which substantially limits one or more of such person's major life activities; or any individual with a record of such impairment; or any individual regarded as having such an impairment.

We are an equal-opportunity, affirmative-action employer committed to diversity and compliance with the law, including Executive Order 12466, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Signature: _____ Date: _____