

Name: Address: Phone number: E-mail address:

(Employer - 1):

Name of Employers: City and State: Title of your Position: Dates of Employment (month and year, i.e., 02/2009):

Job Duties: (Provide detailed descriptions for each area listed)

Roof Control/Ground Control (i.e., Inspection of Roof and Rib Conditions, Installation of Roof Supports, Development of Roof Control Plans, Wall – Bank and Slope Stability, Examination of Ground Conditions, Manual and Mechanical Scaling, Correction of Hazardous Ground Conditions, Development of Mining Methods, Inspection of high walls, etc):

Equipment (operated, inspected, permissibility compliance, Conducting Repairs and Performing Maintenance on Equipment, Supervising Maintenance Operations, etc.) (i.e., CAT 990, forklift, excavator, belt units, mobile equipment, continuous miner, roof bolter, shuttle cars, etc):

Worksite safety inspections (i.e., Pre-shift Examinations, On-shift Examinations, Pre-Operational Inspections, Equipment Inspections, Workplace Examinations, Weekly Examinations, Safety Committee Inspections, etc):

Ventilation (if applicable) (i.e., Development of Ventilation Plans, Monitoring Air Quality and Quantities, Building Brattices, Regulators, Installing Ventilation Curtains, Regulating Air Currents and Air Flow, Directing Air Currents, Conducting Ventilation Surveys, Examination of Ventilation Equipment, Atmospheric Monitoring Systems, etc.):

Worksite Environmental Conditions (i.e., Respirable Dust Sampling, Noise Sampling, Diesel Particulate Matter Monitoring, Dust – Gas – Fume Surveys, Airborne Contaminates, Respirator Program, Development of Hearing Conservation Programs, etc.):

(Employer - 2):

Name of Employers:

City and State:

Title of your Position:

Dates of Employment (month and year):

Job Duties: (Provide detailed descriptions for each area listed)

Roof Control/Ground Control (i.e., Inspection of Roof and Rib Conditions, Installation of Roof Supports, Development of Roof Control Plans, Wall – Bank and Slope Stability, Examination of Ground Conditions, Manual and Mechanical Scaling, Correction of Hazardous Ground Conditions, Development of Mining Methods, Inspection of high walls, etc):

Equipment (operated, inspected, permissibility compliance, repairs, supervised operations,) (i.e., CAT 990, forklift, excavator, belt units, continuous miner, roof bolter, shuttle cars, etc):

Worksite safety inspections (i.e., Pre-shift inspections, On-shift Inspections, Pre-operational Inspections, equipment inspections, Workplace Exams, Weekly inspections, Safety Committee Inspections, etc):

Ventilation (if applicable) (i.e., Development of Ventilation Plans, Monitoring Air Quality and Quantities, Building brattices, regulators, hung curtains, Regulating Air Currents and Air Flow, Directing Air Currents, Conducting Ventilation Surveys,):

Worksite Environmental Conditions (i.e., dust, noise sampling, Diesel Particulate Matter Monitoring, Dust – Gas – Fume Surveys, Airborne Contaminates, Respirator Program, etc.):

Electrical experience (if applicable) (i.e., mining electrical systems built or inspected):

Education: (i.e., University, Colleges, Community College, etc.):

Major: (i.e., engineering, industrial engineer, chemistry, etc.):

Date degree awarded) estimate to receive degree: (month and year

Date degree awarded\ estimate to receive degree: (month and year, i.e., 02/2009):

Certifications (i.e., electrical, mining, heavy equipment, etc): **Date certification received** (month and year, i.e., 02/2009):

Other duties (i.e., other mining or safety experience, etc.):

References:

Name of employer: Supervisor's Name: Contact number of Supervisor:

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