



## Employment Application

*Please complete the entire application.*

### Employer Information

Employer Name: **Greenbrier Smokeless Coal**

Address: 4547 Anjean Rd

City/State/ZIP Code: Rupert, West Virginia 25984

Phone Number: (304)

### Applicant Information

Applicant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Years at This Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

## Emergency Contact

Who should be contacted in the event of an emergency?

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

**Job Position Applied For:** \_\_\_\_\_

Full or Part Time? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

Have you applied to our company previously?

\_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, when? \_\_\_\_\_

Are you at least 18 years old?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to work any shift, including nights and weekends?

\_\_\_\_\_ Yes \_\_\_\_\_ No      If no, please state any limitations:

\_\_\_\_\_

If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are offered the position, when would you be available to start work?

\_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Applicant's Mining Certifications**

List any current mining certifications.

<b>Certifications</b>	<b>Date of Expiration</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### **Applicant's Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

<b>Skill</b>	<b>Years of Experience</b>	<b>Ability or Rating (circle)</b>				
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

Do you have a EMT Certification: ( ) Yes ( ) No

## **Applicant Employment History**

List your current or most recent employment first. Include all jobs (including self-employment and military service) that you have held, starting with the most recent, and note any gaps in employment, providing explanations for them. If you need more space, please continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

## **Applicant's Education and Training**

College/University Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

\_\_\_\_\_

## **References**

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **Additional Information**

Please provide any other information that you believe should be considered, including whether any agreement with any current employer binds you:

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## **Certification**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Greenbrier Smokeless Coal to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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Applicant's Signature

Date 

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