

Ohio Mine Safety Program
Mine Safety Training Center
43029 Industrial Park Road
Cadiz, Ohio 43907
(740) 942-9150

APPLICATION FOR EXAMINATION - Deputy Mine Safety Positions

Deputy Mine Safety Inspector (check one): Surface _____ Underground _____
Mine Rescue Operations Coordinator: _____

INSTRUCTIONS: Fill out this application in ink in your own handwriting (please print) and mail promptly to the above address.

1. Are you a citizen of the United States? _____
2. Have you been a citizen and resident of this State for two years preceding the date of this application? _____
3. Month, day and year of birth? _____
4. How many years of actual practical mining experience have you had in coal and/or industrial mineral underground mines within this State? _____
5. How many years of actual practical mining experience have you had in coal and/or industrial mineral surface mines within this State? _____
6. How many years of actual practical mining experience have you had INSIDE of coal mines? _____
7. Are you a graduate of an accredited school of mines or mining after a four (4) year course of study? _____
8. Do you hold a First Class Foreman of Gaseous Mine Certificate? _____
9. Name of your present employer _____
10. Name of the mine at which you are now employed _____
11. Capacity in which you are now employed _____
12. Did you serve in the armed forces of the United States of America?
Yes _____ No _____ If yes, attach copy of discharge.
13. In the space provided on the reverse side, give the length and type of service rendered in each mine in which you have been employed, naming the mine and the company.
14. Have you had at least five (5) years practical experience on the installation and maintenance of electrical circuits and equipment of mines? _____

I hereby make application for admission to the above examination and solemnly swear that the answers to the foregoing questions are in my own handwriting and are full and true to the best of my knowledge and belief.

Signature of Applicant _____

Subscribed and fully sworn to before me according to law, by the above-named applicant this _____ day of _____, 20____, at _____
County of _____ and State of _____.

(Official Impression Seal)

Signature of Officer _____

Official Title _____

15. Give length and type of service rendered in each mine in which you have been employed, naming the mine and company.

Name of Mine	Name & Address of Mine Owner	Specific Type	Length of Service

CERTIFICATE OF EXAMINING PHYSICIAN

This is to certify that I have given _____ a physical examination and found he/she is physically capable of performing the duties of Deputy Mine Inspector.

Signature _____
(Examining Physician)

(Address of Examining Physician)

CERTIFICATE OF GOOD CHARACTER AND TEMPERATE HABITS

We, the undersigned, certify that _____ is of good character and temperate habit.

(To be signed by three citizens of the community in which applicant resides)

NAME	ADDRESS	OCCUPATION

Applicant must complete the following:

Last four digits of Social Security No. _____

Print full name: _____

Home address: _____
(Street and Number)

(City) (State)

(Zip Code) (County)

(Phone #) (E-mail address optional)

For examination and certification to the position of:

Deputy Mine Safety Inspector: (Surface _____ or Underground _____)

Mine Rescue Operations Coordinator _____

(To be completed by Exam Administrator)

Date Application Received _____

Date Application Approved _____

Date Admission Card Mailed _____

Examination Grade _____

Remarks _____
