



Reliability Matters

# OXFORD RESOURCES GP, LLC EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME

ADDRESS	HOME TELEPHONE

CITY	STATE	ZIP	ALTERNATE TELEPHONE

EMERGENCY CONTACT PERSON	RELATIONSHIP	TELEPHONE

ALTERNATE CONTACT PERSON	RELATIONSHIP	TELEPHONE

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

IF HIRED, CAN YOU PRESENT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  
 YES  NO

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? NOTE: DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED, ERASED, EXPUNGED, VACATED, SET ASIDE, SEALED BY A COURT, OR REFERRED TO A DIVERSION PROGRAM.  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER WORKED FOR OXFORD RESOURCES, GP, LLC OR OXFORD MINING COMPANY IN THE PAST?  YES  NO

IF YES,  
DATE OF PREVIOUS EMPLOYMENT: \_\_\_/\_\_\_/\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DO YOU HAVE ANY RELATIVE(S) OR PERSON(S) WITH WHOM YOU ARE INVOLVED IN A CLOSE PERSONAL RELATIONSHIP EMPLOYED BY OXFORD RESOURCES, GP, LLC?  YES  NO  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

POSITION(S) DESIRED: \_\_\_\_\_  
SHIFT/HOURS DESIRED: \_\_\_\_\_ DATE AVAILABLE: \_\_\_/\_\_\_/\_\_\_

**EDUCATION & TRAINING**

**EDUCATION:**

SCHOOLS	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
TECHNICAL/ VOCATIONAL				
OTHER				

**PROFESSIONAL LICENSES:**

NAME/TYPE	LICENSE NUMBER	ISSUING STATE	YEAR ISSUED	EXPIRATION DATE

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED?  YES  NO  
IF YES, STATE REASON(S), DATE(S) OF REVOCATION, AND DATE(S) OF REINSTATEMENT:

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**EQUIPMENT OPERATION SKILLS:**

LIST THE EQUIPMENT YOU ARE QUALIFIED TO OPERATE, THE NUMBER OF YEARS OF EXPERIENCE FOR EACH, AND WHETHER YOU POSSESS ANY SPECIAL LICENSES, CERTIFICATES, OR TRAINING:

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**OTHER SPECIAL SKILLS OR TRAINING:**

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**REFERENCES**

**LIST 3 REFERENCES WHO ARE NOT RELATED TO YOU:**

NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1.			
2.			
3.			

**EXPERIENCE**

**WORK EXPERIENCE:**

**List the most recent employment first and list the past 10 years of employment.  
Use a separate sheet of paper if additional space is required.**

CURRENT OR LAST EMPLOYER:		TELEPHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYED FROM:	TO:	FINAL WAGE \$
REASON(S) FOR LEAVING:		
POSITION(S) HELD:		
SUPERVISOR NAME:		TITLE:
<hr/>		
EMPLOYER:		TELEPHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYED FROM:	TO:	FINAL WAGE \$
REASON(S) FOR LEAVING:		
POSITION(S) HELD:		
SUPERVISOR NAME:		TITLE:
<hr/>		
EMPLOYER:		TELEPHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYED FROM:	TO:	FINAL WAGE \$
REASON(S) FOR LEAVING:		
POSITION(S) HELD:		
SUPERVISOR NAME:		TITLE:
<hr/>		
EMPLOYER:		TELEPHONE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYED FROM:	TO:	FINAL WAGE \$
REASON(S) FOR LEAVING:		
POSITION(S) HELD:		
SUPERVISOR NAME:		TITLE:

**MINING EXPERIENCE/SAFETY-RELATED INFORMATION:**

HAVE YOU WORKED IN A COAL MINING OPERATION WITHIN THE LAST 5 YEARS?  YES  NO  
IF YES, LIST THE LAST MINE YOU WORKED IN, AND THE DATE YOU LEFT:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(MINE) (DATE)

DO YOU HAVE A CURRENT COAL MINE SAFETY TRAINING CERTIFICATE?  YES  NO  
IF YES: DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ TRAINER \_\_\_\_\_

DOES YOUR TRAINING CERTIFICATE INCLUDE SURFACE & COAL?  YES  NO

DO YOU HAVE A WEST VIRGINIA CLASS 07 SAFETY CARD?  YES  NO

**ACKNOWLEDGEMENTS & SIGNATURE**

I certify that all of the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, authorize Oxford Resources, GP, LLC to secure information about my background and experience with former employers, education institutions, and any relevant agencies and authorize those parties to provide information to Oxford Resources, GP, LLC concerning my background and experience. I release Oxford Resources, GP, LLC and all parties providing information to Oxford Resources, GP, LLC about my background and experience from any liability whatsoever arising therefrom.

I authorize Oxford Resources, GP, LLC to obtain information regarding my record with the Ohio Bureau of Motor Vehicles or other similar agency of another state if the job for which I am applying will require driving as part of my job duties.

My signature below certifies that I understand that if I am extended an offer of employment by Oxford Resources, GP, LLC, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials, experience, or licenses necessary for the position that I am offered. I further understand that I may be asked to submit to a drug test before I am extended an offer of employment and that if I refuse to take or fail the drug test, I am disqualified from further employment consideration. I hereby knowingly and voluntarily consent to Oxford Resources, GP, LLC's request to undergo a drug test. I further release Oxford Resources, GP, LLC and its officers, agents, representatives, and employees from any and all claims and liability for damages associated with or arising from my submission to the medical examination and drug test.

I understand that if I am employed, my employment with Oxford Resources, GP, LLC may be terminated for any reason, with or without cause or notice, and at any time, by me or Oxford Resources, GP, LLC. Nothing in this application, or in any oral or written statement provided to me by Oxford Resources, GP, LLC or any of its agents will limit these rights to terminate my employment at will, and no one will have any authority to change this at-will relationship, unless such change is in writing, signed by the President of Oxford Resources, GP, LLC.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_