RAMACO RESOURCES, LLC

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, ethnicity, religion, national origin, gender, age, disability, genetic information, sexual orientation, status as a qualified disabled veteran or qualified protected veteran or on the basis of genetic conditions or predisposition to certain diseases or any other basis protected by federal, state or local law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related performance factors.

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. Further consideration may not be given until all questions/parts have been completed. Use the back of this application if additional room is needed.
PLEASE PRINT - ***except for your signature on the last page of this form***.

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

1st Choice:_____

2nd Choice:_____

3rd Choice: _____

List the last three companies you have worked for:

1. _____

2. _____

3. _____

Are you currently a certified Emergency Medical Technician (or equivalent)? ☐ Yes ☐ No
Do you have a high school diploma or GED? ☐ Yes ☐ No

_____ _____ _____
Last Name First Name Middle Name

Please list your Nickname if you have one: _____

Telephone Number _____--_____--_____ Email Address _____

_____ _____ _____ _____
Mailing Address City State Zip Code

Are you at least 18 years of age? ☐ Yes ☐ No

Have you filed an application with this company before? ☐ Yes ☐ No If Yes, when? _____

Have you been employed with this company before? ☐ Yes ☐ No If Yes, when? _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No If hired, can you furnish proof you are eligible to work in the United States? ☐ Yes ☐ No

On what date would be available for work? _____

Is there any additional information concerning a change of your name or use of another name which would help us check your work record? ☐ Yes ☐ No If Yes, please explain:

_____

Applications is kept in active status for no more than six (6) months.

Education

Name of Your High School: _____

City and State where high school is/was located: _____

If you did not finish high school, what was the highest grade you completed? _____ Grade

If you did not finish high school, have you obtained your GED? ☐ Yes ☐ No

College: _____ Location: _____

College Major: _____ Degree: _____

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

_____

_____

Have you been convicted of a crime or pleaded nolo contendere (no contest) to a criminal offense (other than traffic violations) in the past 7 years? ☐ Yes* ☐ No If Yes, complete the following and list all instances even if adjudication was withheld:

Name (at time of conviction or plea):	Date:	Charge:	Sentence:
_____	_____	_____	_____
_____	_____	_____	_____

*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.

This application asks for certain names, phone numbers, certification numbers, dates, etc. If you cannot remember some of these things, please obtain them as soon as you can and send us a letter with the information to the address shown at the top of the front page.

Because our time is very valuable to us in performing our day-to-day jobs, we ***strongly discourage*** you from calling or visiting us to inquire about the status of your application.

If your application is to be considered further, we will contact you.

Management sincerely appreciates your cooperation and understanding.

EMPLOYMENT RECORD

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

1. Name of Company: _____ Phone Number: _____
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 was: _____ Home Phone #: _____
7. Other supervisors you worked for with this Company: _____
8. Reason for leaving (or why you are looking to leave if still employed): _____

_____

9. List all jobs you performed for this Company and the approximate length of time you worked at each job:

JOB	TYPE OF JOB DONE	LENGTH OF TIME IN JOB
(Example:		)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT RECORD - CONTINUED

1. Name of Company: _____ Phone Number: _____
2. Address (or location of job site): _____
3. Type of business of this Company: _____
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_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT !!!!!!

YOU **MUST** READ THE FOLLOWING STATEMENTS 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.

This Company is an Equal Opportunity Employer and considers all applicants for employment without regard to race, ethnicity, religion, national origin, gender, age, genetic information, sexual orientation, veteran status or disability (unless the disability prevents acceptable performance or creates a safety hazard with the work involved). (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 agree not to make further inquiries or ask questions about the status of my application either by telephone or visits to any Company office or job site once I have submitted it. (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 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 legally eligible to work in the United States. (Your initials) _____

_____ _____

YOUR SIGNATURE **DATE**

CERTIFICATIONS FOR WEST VIRGINIA OPERATIONS

Do you have a valid West Virginia Coal Miner's Certificate? ☐ Yes ☐ No

If Yes, what type of Certificate is it? ☐ Underground Certificate No. _____
☐ Surface Certificate No. _____
☐ Plant Certificate No. _____

Do you have a West Virginia Mine Foreman Certificate? ☐ Yes ☐ No

If Yes, what type of Certificate is it? ☐ Underground Certificate No. _____
☐ Surface Certificate No. _____

Do you have a current West Virginia Mine Electrician's Certificate? ☐ Yes ☐ No
If Yes, what is your Certificate Number? _____
When Did You Receive It? _____
If Yes, check off those for which are you certified:

☐ Underground: ____ Low Voltage ____Medium Voltage ____High Voltage

☐ Surface: ____ Low Voltage ____Medium Voltage ____High Voltage

☐ Prep Plant: ____ Low Voltage ____Medium Voltage ____High Voltage

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

Do you have a current West Virginia Shot-Firer's Certificate? ☐ Yes ☐ No

If Yes, what type of Certificate is it? ☐ Underground Certificate No. _____
☐ Surface Certificate No. _____

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

Are you a certified and qualified MSHA or West Virginia mining instructor? ☐ Yes ☐ No If yes, what are you certified and qualified to teach? _____

Are you currently certified by MSHA in any of the following:

Dust Sampling? ☐ Yes ☐ No Refuse Impoundment Inspection: ☐ Yes ☐ No

Dust Calibration? ☐ Yes ☐ No Noise Survey? ☐ Yes ☐ No Other: _____

Do you have a current West Virginia EMT Certification? ☐ Yes ☐ No

If Yes, what is your EMT Card Number? _____ And Expiration Date? _____

Please list any other current certifications from any state or MSHA you have which applies to the mining industry:_____

PREPARATION PLANT - EQUIPMENT AND JOB QUALIFICATIONS

Please put a check by every job listed below that you feel you are fully experienced at and qualified to perform. Describe each piece of equipment you have operated by type (example - Cat D9, Cat 988C, Cat 777), and note approximately how much experience (in years) you have in each job:

Check	EQUIPMENT/JOB	TYPE(S)	EXPERIENCE (IN YEARS)
	Raw Coal Loader		
	Clean Coal Loader		
	Refuse Dozer ‡		
	Stockpile Dozer ‡		
	Refuse Truck		
	Bob Cat		
	Excavator		
	Back Hoe		
	Crane		
	Grader		
	Grade-All		
	Other		
	Other		
	Other		

Check	JOB POSITION	EXPERIENCE (IN YEARS)
	*Prep Plant **Electrician** (see below)	
	Control Room Operator	
	Stationary Equipment Operator	
	*Preparation Plant **Mechanic** (see below)	
	Welder	
	Load Out Operator	
	Car Dropper	
	Pipefitter	
	****Heavy Equipment Diesel Mechanic** (see below)	
	Other	
	Other	

* If you are an Electrician/Mechanic, do you own your own hand tools? _____

If you are a **Heavy Equipment Diesel Mechanic, do you own a fully equipped service truck? _____
If yes, list model and make, and what is it equipped with (crane, air compressor, welder, etc.):_____

_____

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

‡ If you are an experienced **Dozer Operator**, check the following items you are experienced in and are fully qualified to do: ☐ Stockpile/Bench Coal ☐ Work over live feeders ☐ Place refuse lifts ☐ Impoundment push-outs ☐ Reclamation with steep slopes
Other_____

UNDERGROUND

Please put a check by every job listed below that you feel you are fully experienced at and qualified to perform. List each piece of equipment you have operated by type and approximately how much experience (in years) you have in each job:

Check ↓	EQUIPMENT/JOB	TYPE(S)	EXPERIENCE (IN YEARS)
	Continuous Miner – Remote Control		
	Continuous Miner – Deck Operated		
	Roof Bolter – Dual Head		
	Roof Bolter – Single Head		
	Shuttle Car		
	Scoop – Cleanup/Supply		
	Scoop – Loading Coal In Face		
	Coal Loading Machine		
	Cutting Machine		
	Coal Drill		
	Ram Car or Un-A-Hauler		
	Mobile Bridge		
	FCT		
	Other		
	Other		
	Other		

Check ↓	JOB POSITION	EXPERIENCE (IN YEARS)
	***Certified Electrician** (see below)	
	Greaser/Repairman Helper	
	Welder	
	Belt Moves/Power Moves (Dead Work)	
	Certified Shot Firer	
	Belt Examiner	
	Laying Track	
	Fireboss	
	Outside Person (With endloader experience)	
	Outside Person (Without endloader experience)	
	Other	
	Other	
	Other	

* If you are an Electrician/Repairman, do you own your own hand tools? _____

SURFACE

Please put a check by every job listed below that you feel you are fully experienced at and qualified to perform. List each piece of equipment you have operated by type and approximately how much experience (in years) you have in each job:

Check ↓	EQUIPMENT/JOB	TYPE(S)	EXPERIENCE (IN YEARS)
	Overburden Loader		
	Pit Coal Loader		
	* **Dozer** (see below)		
	Rock Truck		
	High Wall Drill		
	Excavator		
	High Wall Miner		
	Shovel		
	Crane		
	Grader		
	Back Hoe		
	Grease/Fuel Truck		
	Water Truck		
	Other		
	Other		

Check ↓	JOB POSITION	EXPERIENCE (IN YEARS)
	Certified Surface Blaster	
	Blaster Helper	
	Greaser/Fueler	
	High Wall Miner Launch Pad (Car Technician)	
	Welder	
	****Heavy Equipment Diesel Mechanic** (see below)	
	Other	
	Other	

* If you are an experienced **Dozer Operator**, check the following items you are experienced in and are fully qualified to do: ☐ Cut drill bench ☐ Push shot material ☐ Push fill
☐ Work valley fills ☐ Reclamation with steep slopes Other _____

If you are a **Heavy Equipment Diesel Mechanic, do you own a fully equipped service truck? _____
If yes, list model and make, and what is it equipped with (crane, air compressor, welder, etc.):_____
_____
If you are a heavy equipment diesel mechanic, do you own your own hand tools? _____