



Coal Mine Safety Program  
3405 Mountain Empire Road  
Big Stone Gap, VA 24219  
(276) 523-8225

### Verification of Work Experience Form

Complete this form for **each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history before a notary public. Type or print the information in ink and submit it to the **CMS**.

1. Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

3. Employer Company Name \_\_\_\_\_ Mine Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

4. Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day /Year

Description of job duties which are **applicable** to certification requested: \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: \_\_\_\_\_

5. I hereby certify, under the penalties of perjury, that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official (Print or Type Name) Title Date

6. State of \_\_\_\_\_ County/City \_\_\_\_\_ of to wit:

I, \_\_\_\_\_ a notary public in and for the State and County/City  
aforesaid, do certify that \_\_\_\_\_ whose name is signed to #5 above,  
Company Official

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ has acknowledged the same before me in my County/City  
aforesaid. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public