



For Official Use Only

Date Received: _____, 20__

Reviewed by: _____

Comments: _____

EMPLOYMENT APPLICATION

Blue Raven, LLC provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your application to Blue Raven, LLC, ATTN: Matthew Corbin, 211 Main Street, Pikeville, KY 41501

Position Applying For: _____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number () -	7. Alternate Telephone () -
Address (City, State, Zip Code)	5. Email Address	

General Information

Are you legally eligible for work in the U.S.A.? Yes No *(if yes, verification will be required)*

Have you ever applied to or worked for [Insert Company] before? Yes No
If so, when?

Are any of your relatives currently working for [Insert Company]? Yes No
If so, please list name and department, if applicable.

Have you ever been convicted of a felony? Yes No
If yes, please explain.

Employment Request

Minimum Salary Requested: \$ _____ If applicable, are you available for overtime? Yes No

What is the earliest date you can begin work?

How did you hear about this position?
 Recruiter Internet Job Posting Newspaper Classified Company Website Other _____

Employment History

**Please begin with most recent employment*

May we contact your current employer? Yes No Not Applicable

Employer: _____ _____ Address: _____ _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
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Employer: _____ _____ Address: _____ _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
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Employer: _____ _____ Address: _____ _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
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Education				
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School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

Military	
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Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch: _____
Specialized Training:	

References	
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Name	Company	Title	Contact Information

Signature / Certification	
<p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize [Company Name] to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to [Company Name] by any of the schools, services, or employers listed on this application.</p>	
Signature:	Date:

CONSENT TO DRUG TESTING

I, _____, understand that **Blue Raven, LLC** requires my authorization to conduct a drug test in order to consider me for employment or continue to employ me. I have been informed of and understand the testing procedure.

I agree to provide any specimens needed to conduct the drug test. I understand that if I refuse to undergo drug screening I will not be hired or I will be terminated. I further understand that if I consent to the test and the results are positive, the results will be reported to **Blue Raven, LLC** and I will not be hired or I will be terminated for violation of **Blue Raven, LLC's** drug policy. This policy exempts the use of legally prescribed medications taken under the direction of a physician. I have taken the following drugs or substances within the last 96 hours:

Drug Name	Dosage	Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby () consent / () refuse to consent to undergo the drug test(s). I authorize any physician, laboratory, hospital, or medical professional retained by **Blue Raven, LLC** to conduct such drug test and to provide the results to **Blue Raven, LLC**. I release **Blue Raven, LLC** and any person affiliated with **Blue Raven, LLC**, and any institution or person conducting the drug test from liability. I give this consent pursuant to all state and federal privacy statutes and waive all rights to nondisclosure of this test record and results only to the extent of the disclosures authorized in this form.

I have read and understood this consent form, and I sign without any coercion or duress by any individual or institution.

Signature: _____ Date: _____

Printed Name:
Street Address:
City, State, Zip Code:

[Optional] (if Consenter is a minor):
Signature of parent/guardian: _____ Date: _____

Printed Name:

EMPLOYEE CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

FOR GOOD CONSIDERATION and in consideration of my employment or continued employment by Blue Raven, LLC (the “Company”), I, the undersigned employee, hereby agree to the terms of this agreement (the “Agreement”):

1. CONFIDENTIAL INFORMATION

(a) Company Information. I agree at all times during the term of my employment and for a period of 1 year thereafter, to hold in strictest confidence, and not to use, except for the benefit of the Company, or to disclose to any person, firm or corporation without written authorization of the Company, any Confidential Information of the Company. I understand that “Confidential Information” means any Company proprietary information, technical data, trade secrets or know-how, including, but not limited to, research, product plans, products, services, customer lists, markets, software, developments, inventions, processes, formulas, technology, designs, drawings, engineering, hardware configuration information, marketing, finances or other business information disclosed to me by the Company either directly or indirectly.

(b) Exceptions. The foregoing obligations and restrictions do not apply to that part of the Confidential Information that I can demonstrate:

(i) was available or became generally available to the public other than as a result of a disclosure by me; or

(ii) was available, or became available, to me on a non-confidential basis prior to its disclosure to me by the Company or a Company representative, but only if such information was not made available through a breach of confidentiality owed to the Company; or

(iii) was requested or legally compelled (by oral questions, interrogatories, requests for information or documents, subpoena, civil or criminal investigative demand or similar process) or is required by a regulatory body to make any disclosure which is prohibited or otherwise constrained by this Agreement, provided, that I shall: (A) provide the Company with prompt notice of any such request(s) so that the Company may seek an appropriate protective order or other appropriate remedy; and (B) provide reasonable assistance to the Company in obtaining any such protective order. If such protective order or other remedy is not obtained or the Company grants a waiver hereunder, then I may furnish that portion (and only that portion) of the Confidential Information which, in the written opinion of counsel reasonably acceptable to the Company, I am legally compelled or am otherwise required to disclose; provided, that I shall use reasonable efforts to obtain reliable assurance that confidential treatment will be accorded any Confidential Information so disclosed.

(c) Former Employment Information. I agree during my employment with the Company, not to improperly use or disclose any proprietary information or trade secrets of any former or concurrent employer or other person or entity and not bring onto the premises of the

Company any unpublished document or proprietary information belonging to any such employer, person or entity unless consented to in writing by such employer, person or entity.

(d) Third Party Information. I recognize that the Company has received and in the future will receive from third parties their confidential or proprietary information subject to a duty on the Company's part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm or corporation or to use it except as necessary in carrying out my work for the Company consistent with the Company's agreement with such third party.

2. RETURN OF PROPERTY

Upon termination of my employment, I will return to the Company, retaining no copies or notes, all documents relating to the Company's business including, but not limited to, reports, abstracts, lists, correspondence, information, computer files, computer disks, and all other materials and all copies of such material, obtained by me during my employment with the Company.

3. NOTIFICATION OF FUTURE EMPLOYER

I hereby grants consent to notification by the Company to any future or prospective employer about any rights and obligations under this Agreement.

4. LEGAL AND EQUITABLE REMEDIES

I recognize that the Company may be irreparably damaged by any breach of this Agreement and that the Company shall be entitled to seek an injunction, specific performance or other equitable remedy to prevent such competition or disclosure, and may entitle the Company to other legal remedies, including attorney's fees and costs.

5. SUCCESSIONS AND ASSIGNS

This Agreement will be binding upon my heirs, executors, administrators and other legal representatives and will be for the benefit of the Company, its successors, and its assigns. I may not assign any of my rights, or delegate any of my obligations, under this Agreement.

6. CONTINUING OBLIGATIONS

The obligations and rights described in this Agreement shall survive the termination of my employment with the Company.

7. SEVERABILITY

Whenever possible, each provision of this Agreement will be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability will not affect any other provision or

any other jurisdiction, but this agreement will be reformed, construed and enforced in such jurisdiction as if such invalid, illegal or unenforceable provisions had never been contained herein.

8. COUNTERPARTS / ELECTRONIC SIGNATURES

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument. For purposes of this Agreement, use of a facsimile, e-mail or other electronic medium shall have the same force and effect as an original signature.

9. GOVERNING LAW

This Agreement shall be governed by the laws of the state of Kentucky without regard to its conflicts of law provisions.

IN WITNESS WHEREOF, the parties below hereby execute this Agreement on _____, 20____.

EMPLOYEE:

Name: _____

Accepted and Acknowledged

COMPANY:

Name: _____

Title: _____