

JOB APPLICATION



1107 S. West St. , Wichita , Kansas 67213

316-300-0833

www.ictbillet.com

drop off application in person or email to allison@ictbillet.com

ICT Billet LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

ICT Billet LLC designs, tests, and manufactures a wide range of automotive LS Swap parts. We sell direct to consumer/retailer with in house machined parts from CNC lathes/mills that have Haas or Fadal controls. This is a fast-moving work environment with the majority of your time spent on your feet. ICT Billet LLC offers medical, dental, vision, life insurance, and accidental plans, 401K with company match, paid vacation, paid holidays, and competitive wages.

Application for Entry Level

Application must be 100% filled out to qualify for employment

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position Applying for (*Must circle at least one)

Machine Operators

1st shift (7am-3:30pm M-Fri), 2nd shift (+\$2/hr)(3pm-11:30am M-Fri), or 3rd shift (+\$4/hr)(11pm-7:30am Sun-Thur)

Shipping / Packaging 8:30am – 5pm Monday -Friday

How did you hear about this position? If someone referred you, what is their name?

What days are you available for work?

What hours are you available to work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Personal Information

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City, State)	Diploma (or GED) Earned?	GPA, Honors, or Awards Earned?

College/University

Name	Location (City, State)	Major / Minor	GPA, Honors, Degree, or Awards Earned?

Vocational School/Specialized Training

Name	Location (City, State)	Courses Taken	GPA, Honors, Degree, or Awards Earned?

Extracurricular Activities (hobbies)

Military Experience

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed (start and end dates):

Reason for leaving:

Permission to contact your previous employer?

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

List any experience with LS swaps that are relevant. Provide application details if applicable. (optional)

References

Please provide 3 professional (not family) reference(s) below:

Reference Name and Employer	Contact Information

Additional Information:

Starting pay varies with experience and job title. Shift differential of \$2.00 for 2nd shift or \$4.00 for 3rd shift

Do you have a valid drivers license? Yes No (circle one)

Can you lift at least 60lbs? Yes No (circle one)

AT-WILL EMPLOYMENT

The relationship between you and the ICT Billet LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or ICT Billet LLC. No representative of ICT Billet LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____