

**MIKE HOWE BUILDERS**  
**1013 VIEBAHN ST. MANITOWOC, WI 54220**  
**920-242-3111**  
 Employment Application



**APPLICANT INFORMATION**

|  |                              |                             |  |                              |                             |  |                  |      |  |  |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|------|--|--|
| Last Name  |                              |                             |  | First                        |                             |  | M.I.             | Date |  |  |
| Street Address                                   |                              |                             |  |                              |                             |  | Apartment/Unit # |      |  |  |
| City   |                              |                             |  | State                        |                             |  | ZIP              |      |  |  |
| Phone  |                              |                             |  | E-mail Address               |                             |  |                  |      |  |  |
| Date Available                                   |                              |                             |  | Social Security No.          |                             |  | Desired Salary   |      |  |  |
| Position Applied for                             |                              |                             |  |                              |                             |  |                  |      |  |  |
| Are you a citizen of the United States?          | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |                  |      |  |  |
| Have you ever worked for this company?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |  |                  |      |  |  |
| Have you ever been convicted of a felony?        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |  |                  |      |  |  |
| Did you ever complete an apprenticeship program? | YES                          | NO                          | WHERE:   |                              |                             |  |                  |      |  |  |
| Do you have reliable Transportation?             |                              |                             |  | Valid License?               |                             |  |                  |      |  |  |

**EDUCATION**

|             |    |                   |                              |                             |        |  |  |  |  |  |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|--|
| High School |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| College     |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| Other       |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |

**REFERENCES**

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**SAFETY TRAINING / EXPERIENCE**

What type of Training have you had?

What type of Experience do you have on the following areas: \_\_\_ Rough Framing, \_\_\_ Cabinetry, \_\_\_ Drywall, \_\_\_ Window/Door Installation, \_\_\_ Siding, \_\_\_ Soffit/Fascia, \_\_\_ Trim, \_\_\_ Painting

Do you have the required tools? \_\_\_ Utility Knife, \_\_\_ 32 oz Plumb Bob, \_\_\_ Walkup, \_\_\_ Small Keyhole saw, \_\_\_ Router, \_\_\_ 4" & 11" C-Clamps, \_\_\_ Drywall ax, \_\_\_ Chalk box, \_\_\_ 24" – 48" Level, \_\_\_ Dryline, \_\_\_ 30' Tape Measure, \_\_\_ Framing square, \_\_\_ Pencils-Hard, \_\_\_ Tin snips Wiss #8, \_\_\_ Tool Pouch/Belt, \_\_\_ T-square, \_\_\_ Circle cutter

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date