

**MARQUETTE UNIVERSITY
DEPARTMENT OF CAMPUS SAFETY
STUDENT EMPLOYMENT APPLICATION**

Please return by either dropping off at the Campus Safety office located at 749 N. 16th Street or email a copy to campussafety@marquette.edu



PERSONAL INFORMATION

Name: ____ Mr. ____ Ms. ____ N/A _____			
Last	First	M.I.	
MUID Number: _____			
E-Mail: _____			
Local Address: _____			
Street	Apt #		
Mobile Phone Number: _____			
Permanent Address: _____			
Street	City	State	ZIP
Permanent Telephone: _____			
Emergency Contact Telephone (if different from permanent): _____			
Relation: _____			

POSITION DESIRED

____ LIMO DRIVER	<i>(hours available between 5pm – 3am)</i>
Responsible for safely transporting Marquette students, staff, and affiliates within the established service area. While driving, LIMO drivers “observe and report” any suspicious or illegal activity.	
____ SUPPORT SERVICES	<i>(hours available between 8am – 5pm)</i>
Responsible for equipment/vehicle maintenance and cleaning of all DCS and MUPD fleet vehicles, non-operational special/medical transports, and inventory/stocking of supplies.	
____ DISPATCHER	<i>(hours available between 5pm – 3am)</i>
Responsible for taking all phone calls that come into the communications center and dispatching drivers via radio to the requested pickup location.	

<u> </u> MPC (hours to be determined)
Responsible for overseeing and coordinating marketing and advertising for the Department of Campus Safety. Specifically, two initiatives, positive branding, and program outreach/awareness, are crucial components of this goal. MPCs focus their attention on informing the Marquette community of the services provided by the Department of Campus Safety and any changes to these services. On top of these external initiatives, there are several inter-department initiatives to make working at the Department of Campus Safety a more enjoyable experience and to bring the various positions of Department of Campus Safety together to form stronger relationships between all DCS employees.

GENERAL INFORMATION

Driver's License #: _____ State: _____ Exp. Date: _____
How many years of driving experience do you have? _____
Have you ever received any motor vehicle citations? If yes, give dates and types of citations (do not include parking citations).

Have you ever been convicted of a crime other than a minor traffic violation? If yes, give dates, offense, charges.*

<i>*A conviction will not automatically bar you from employment. Each conviction will be considered with respect to time circumstances, seriousness, and relationship to job applied for.</i>

EDUCATIONAL BACKGROUND

Year in School: _____ Expected Date of Graduation: _____
Major(s): _____ Minor(s): _____
How many credits are you taking this semester? _____
What is your cumulative GPA? _____

Are you a transfer from another school? If yes, where? _____

QUESTIONNAIRE

Please answer the following questions in the space below or attach a response to the application.

1. Why do you desire employment at the Department of Campus Safety?
2. What leadership skills can you bring to the DCS team?
3. Have you ever worked a night shift before? _____
4. Are you available to work weekends? _____
5. Approximately how many hours are you looking to work per week? _____
6. Additional comments you feel would be important to include with your application.
7. How did you hear about open positions at the Department of Campus Safety?
☐ JobConnection

- ☐ Facebook / Instagram / Snapchat
- ☐ Advertising (brochure, flyer, poster, tv, etc.)
- ☐ DCS/MUPD Website
- ☐ SPARK / O-Fest
- ☐ Tabling
- ☐ Friend, if DCS employee, name: _____
- ☐ Other: _____

EMPLOYMENT EXPERIENCE

Present Employer: _____
Dates Employed from: _____ Hours per week: _____
Starting Wage: _____ Ending Wage: _____
Job Title: _____
Job Duties: _____
Reason for leaving: _____
Immediate Supervisor: _____
Address and contact information of Supervisor:

Employer: _____
Dates Employed from: _____ Hours per week: _____
Starting Wage: _____ Ending Wage: _____
Job Title: _____
Job Duties: _____
Reason for leaving: _____
Immediate Supervisor: _____
Address and contact information of Supervisor:

Employer: _____

Dates Employed from: _____ Hours per week: _____

Starting Wage: _____ Ending Wage: _____

Job Title: _____

Job Duties: _____

Reason for leaving: _____

Immediate Supervisor: _____

Address and contact information of Supervisor:

****FORMER EMPLOYERS MAY BE CONTACTED AS PART OF THE HIRING PROCESS****

Marquette University Driver Authorization Application

This form is intended for use by persons who drive Marquette University owned, leased or rental vehicles on university business, regardless of their status as an employee (e.g. faculty, staff, etc.), student, student employee or volunteer. Carefully read this form and provide the following information. **Note: Allow 5-7 days for approval (depending on the applicant's state license this approval process may be longer). Return this form to your Department contact person in a sealed envelope marked "confidential".**

Driver's name as it appears on License:
(First, Middle and Last Name)

Status: ☐ Employee ☒ Student Employee ☐ Student ☐ Volunteer

Indicate your State of Residency: Yrs of Residency

I agree to amend this application in the event of a name change on my driver's license as a result of marriage or divorce. I understand that my driver information will be included in a database that will be checked periodically. Any negative change in the status of my driving record may result in the revocation of the privilege of driving on University business. I agree that I will notify my Department contact person if there is any change in my driving status or my motor vehicle record.

NOTE: A driver of a university vehicle must have a valid permanent Wisconsin (or other US state jurisdiction) driver's license. Non residents (sixteen or older) must secure a Wisconsin license within 60 days of establishing residency. You are a resident of the State of Wisconsin if you consider it to be your home. Factors used to determine residency are where you vote, where you pay income taxes, where you own real property, where you register your car, where you hold professional licenses, and where you claim residency in legal proceedings and filings. It is up to you to establish your state of residence.

Fair Credit Reporting Act Disclosure Statement Motor Vehicle Record (MVR)

In accordance with the provisions of the Fair Credit Reporting Act (FCRA), you are hereby informed that a Motor Vehicle Record will be obtained on you and used for employment related purposes. Before taking any adverse action based in whole or in part on your Motor Vehicle Record, Marquette University will provide you with a copy of your Motor Vehicle Record and a written summary of your consumer rights under the FCRA, as prescribed by the Federal Trade Commission under FCRA 1609 (c) (3).

I, the undersigned, acknowledge receipt of the above disclosure and authorize Marquette University to obtain a Motor Vehicle Record about me for its use related to employment purposes. This authorization shall remain on file and shall serve as ongoing authorization to procure future MVR reports at any time during my employment, contract or enrollment period. **Indicate license information from your state of residency.**

License

Name Please print name as it appears on License		Indicate Dates License Was Held	
Driver's License Number		State	
Date of Birth		Expiration Date	

I have been involved in or ticketed for more than 3 motor vehicle violations and/or accidents in the past three years.

Yes

No

Applicant's Signature		Date	
Applicant Email Address		Applicant ID #	

THIS APPLICATION MUST BE APPROVED BY DEPARTMENT PRIOR TO DRIVING.

Department Name		Department Contact Signature	
Copy of Driver License on File	Yes	No	Date

APPLICATION CERTIFICATION

I certify that the statements made in this application are true and complete, and I understand that my employment may be terminated at any time for any false statement, misrepresentation, or omission of fact relating to this application. The completion of this application and acceptance by Marquette University's Department of Campus Safety does not guarantee employment. I also understand that background checks, including the contact of past and present employers, may be conducted as part of the selection process.

I acknowledge that I have read this section, understand it, and agree to these terms.

Signature: _____ Date: _____

Please fill out your daytime and nighttime availability for a typical week. This may be used to schedule an interview or other hiring processes.

Monday	Tuesday	Wednesday	Thursday	Friday

****YOU MUST SUBMIT A RÉSUMÉ WITH THIS APPLICATION****

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Visit <https://www.marquette.edu/campus-safety/> for more information.

Marquette University does not discriminate in any manner or contrary to law or justice on the basis of race, color, sex, religion, age, handicap, veteran's status or nation origin in the educational programs or activities, including employment and admissions. At the same time, Marquette cherishes its right and duty to seek and retain personnel who will make a positive contribution to its religious character, goals, and mission in order to enhance the Jesuit, Catholic tradition.

Marquette University hires only U.S. citizens and aliens authorized for work and requires all new employees to submit documents necessary for certification of work eligibility under federal law.