

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

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

GENERAL

Name:		
	First	Last
		M.I.

EMPLOYMENT EXPERIENCE

Present Employer: _____
Dates Employed from: _____ Hours per week: _____
Job Title: _____
Job Duties: _____
Reason for leaving: _____
Immediate Supervisor: _____
Contact information of Supervisor: _____
Present Employer: _____
Dates Employed from: _____ Hours per week: _____
Job Title: _____
Job Duties: _____
Reason for leaving: _____
Immediate Supervisor: _____
Contact information of Supervisor: _____
Present Employer: _____
Dates Employed from: _____ Hours per week: _____
Job Title: _____
Job Duties: _____
Reason for leaving: _____
Immediate Supervisor: _____
Contact information of Supervisor: _____

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

