



8140 Township Line Road  
Indianapolis, IN 46260  
317-875-9700  
marquette.org

# **External Candidate Employment Application Packet**



As an applicant for employment at Marquette, it is critical that I understand and agree with the standard of service details stipulated below.

## Marquette “Manners”

As an employee of Marquette, **I have the power** to ensure resident satisfaction.

- The resident is my primary concern. While working, I will place his or her needs above my own. I will respond quickly to requests and questions and try to anticipate his or her needs.
- I will treat residents, visitors, and coworkers with the utmost courtesy at all times.
- I will be responsive to requests for action or information. I will not use phrases such as **“That’s not my job,” “I don’t know,”** or **“We don’t have that.”** If unsure, I will suggest that I contact someone who can help so that the issue can be resolved. I will only make such promises as I, personally, can carry out.
- Furthermore, if approached by a resident or family member expressing a request or concern, I will not offer excuses such as **“We’re short-staffed”** or **“I’m too busy”**, but instead will respond positively and pleasantly.
- As a representative of Marquette I will present a professional image.
  - My uniform or clothing will be neat, clean and in good repair.
  - I will wear my nametag in accordance with community guidelines
  - If I wear jewelry, it will be minimal and in good taste.
  - While on duty, I will not use, or have on my person, a cell phone, pager, tablet, ear buds, “Blue tooth” or other wireless electronic accessory, except as provided by management.
- I will respect the residents, my supervisor, and my co-workers by arriving on time for my scheduled work shift and for any meetings I am asked or required to attend.

# Application For Employment



**Marquette (HR Fax: 317-524-6570)**  
**8140 Township Line Road**  
**Indianapolis, IN 46260**

Please print when completing this application.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resource..

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

	YES	NO
If you are under 18, will you furnish the required work permit? If <b>NO</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed here before? If <b>YES</b> , give dates and positions:	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in this country?	<input type="checkbox"/>	<input type="checkbox"/>
Date available for work: ____ / ____ / ____	Desired Salary: \$ _____	
Type of employment desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Shift Preference: _____		

EDUCATION, SKILLS and QUALIFICATIONS			
Name and Location	# Years Completed	Did you Graduate?	Course of Study
High School:			
College:		Major / Degree	
Other:			

## EMPLOYMENT HISTORY

Provide the following information for your **past three (3)** employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize the nature of work performed and job responsibilities:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Hourly Rate or Salary: \$		Reason for Leaving:	

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize the nature of work performed and job responsibilities:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Hourly Rate or Salary: \$		Reason for Leaving:	

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize the nature of work performed and job responsibilities:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Hourly Rate or Salary: \$		Reason for Leaving:	

## PROFESSIONAL REFERENCES

Name	Telephone	# Years Known
	(   )	
	(   )	
	(   )	

## APPLICANT STATEMENT

**Carefully read this statement prior to signing below:**

- I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.
- I understand that employment is conditional upon successfully passing a medical examination and drug screen that I am required to satisfactorily complete as a condition of employment.
- I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide Marquette and its affiliates with any requested information regarding my application or suitability for employment and I completely release all such persons and/or entities from any and all liability related to the providing of or use of such information.
- I understand that my employment is **At Will** which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of Marquette and notarized.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Marquette  
8140 Township Line Road  
Indianapolis, IN 46260

Please print when completing this form.

In an effort to comply with requirements regarding Affirmative Action record keeping, please complete this applicant data survey. Your cooperation is appreciated. The survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decisions. Furthermore, completion of this form is voluntary.

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_ Male \_\_\_ Female

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please identify yourself within one of the following *Ethnic Groups*:

Hispanic or Latino\*

*\*Includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.*

NOT Hispanic or Latino

### If you are NOT Hispanic or Latino, please identify yourself within one of the following *Ethnic Groups*:

White

Black or African American

Asian

American Indian or Alaskan Native  Two or More Races

### How did you learn about the job opening(s)?

Newspaper

Government Agency

Job Service

Friend

Relative

Employee

Internet Posting

Company Website

Employment Agency

Other (explain: \_\_\_\_\_)

### Please identify the employee referral (if applicable):

Name of employee who referred you: \_\_\_\_\_

Is the employee a relative of yours?  YES  NO If Yes, what is your relation (i.e. mother, father, etc.)? \_\_\_\_\_

### SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Our voluntary Affirmative Action program is subject to the Vietnam Era Veterans Readjustment Act of 1974 and Rehabilitation Act of 1973. Therefore, we are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified disabled individuals. You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

### IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

\_\_\_ Vietnam Era Veteran \_\_\_ Disabled Veteran \_\_\_ Individual With a Disability

### An Equal Opportunity Employer

Marquette Manor is committed to equal opportunity for all. This policy governs our business activities in a manner which provides equal opportunity and treatment for all employees without regard to race, sex, color, religion, national origin, age, disability or veteran status.