



**Independent Living Assistant Application
ClemsonLIFE Program
2024-2025**

Please fill in the information below to apply for Independent Living Supervisor Program and email completed copy to clemsonlife@g.clemson.edu.

Personal Information

Name: _____ Gender: _____

Student ID#: _____ Email Address: _____@clemson.edu

Contact Information

Local Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

Other Phone: _____

Emergency Contact Information

Home Address: _____ City: _____

State: _____ Zip Code: _____ Permanent Phone: _____

Health Insurance Company: _____ Policy #: _____

Background Information

Major: _____ Recent GPA: _____ Cumulative GPA: _____

*Please provide a print-out version of the unofficial online transcript

of Credits Completed: _____ Academic Class: Fr / So / Jr / Sr

Year graduated high school _____ Year started at Clemson _____ Expected Grad. Date: _____

Employment History

Employer: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

Employed From: _____ To: _____

Employer: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

Employed From: _____ To: _____

Employer: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

Employed From: _____ To: _____

Please Answer the Following Questions (use other paper if necessary)

1. Have you ever been convicted of a crime? (other than a minor traffic violation) Yes No
If yes, please explain the conviction and the results.

2. Are you currently employed in some capacity? Yes No
If yes, where?

3. Will you have other part-time work, internships, student teaching, etc. during the school year in which you are applying to work?
If yes, please explain and give the hours and times of these positions.

4. Do you have any Resident Assistant or community living experience? Yes No
If yes, please explain:

5. Are you a member of any campus or other organizations? Yes No
If so, which ones and approximately how many hours per week do you dedicate to each organization (including any officer positions you currently hold)?

6. Do you have any experience working with an individual with a disability? Yes No
If yes, please explain:

7. Why do you want to be a Resident supervisor for the ClemsonLIFE program? (250 word limit)

8. What skills and attributes will you bring to the Resident Supervisor job? And, what skills and experience do you want to gain from the Resident Supervisor position? (250 word limit)

References

I authorize ClemsonLIFE to contact the following persons on my behalf.

Signature of applicant _____ Date _____

Please fill in the information for three references below. ***Family members or friends should not be listed.*** Reference examples include advisors, employers, professors or University staff members. The email field is required. If you wish to view the references after they have been submitted please select the proper option below each reference.

1st Reference Name: _____ Relation: _____

Phone: _____ Email: _____

Do you wish to retain or waive the right to view this reference? Retain Waive

2nd Reference Name: _____ Relation: _____

Phone: _____ Email: _____

Do you wish to retain or waive the right to view this reference? Retain Waive

3rd Reference Name: _____ Relation: _____

Phone: _____ Email: _____

Do you wish to retain or waive the right to view this reference? Retain Waive

I, _____, am applying for a position with the ClemsonLIFE program and understand that, due to the intimate nature of the position, it is necessary to conduct a background check. I therefore give my consent for the program to proceed in this background check.

Signature _____ Date _____

Please email this completed application to clemsonlife@g.clemson.edu.