



Application for Student Associate I Position  
 '55 Exchange – Home of Clemson Ice Cream  
 Download form, complete, save and email to **Sara Cothran**  
**sstanci@clemson.edu**

Name:

Email Address:

Cell Phone Number:

Student ID Number:

Major:

Student Classification: Fr So Jr Sr MS PhD Bridge Program

Check all semesters that you are interested in working: Spring Summer Fall

Range of hours per week that I'm interested in working:

Date that I can start:

T-shirt size: SM MD L XL XXL

Reference (Name, title and contact information):

Why I'm interested in selling and/or making Clemson Ice Cream:

Complete the table below showing the shifts that you are available to work (check the boxes for shifts that you can work)(All employees are required to be available for weekends):

	Mon	Tue	Wed	Thu	Fri
11:00 - 12:30					
12:30 - 3:30					
3:30 - 6:30					
6:30 - 8:30					

	Sat	Sun
12:30 - 6:30	X	X
1:45 - 6:30		X