



**Independent Living Assistant Application  
ClemsonLIFE Program  
2023-2024**

Please fill in the information below to apply for Independent Living Supervisor Program and return to the ClemsonLIFE office in Tillman Hall Suite G-01 or email completed copy to [clemsonlife@g.clemson.edu](mailto: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: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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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

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2nd Reference Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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3<sup>rd</sup> Reference Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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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 return this completed application to the ClemsonLIFE office to G-01 Tillman Hall.**