National Interpreting Agency

***INTERPRETER SUBCONTRACTOR APPLICATION*********

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| NAME: |
| DATE OF APPLICATION: |
| ADDRESS: |
| DATE OF BIRTH: |
| CONTACT NUMBER: (H) (CELL) TEXT Y/N |
| EMAIL: |
| HOW FAR ARE YOU WILLING TO TRAVEL (MILES)? |

HOW LONG HAVE YOU BEEN INTERPRETING?

DO YOU OBTAIN A VALID DRIVER’S LICENSE? Y/N

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| WHY ARE YOU INTERESTED IN SUBCONTRACTING FOR NATIONAL INTERPRETING AGENCY? |
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| EXPLAIN YOUR STRENGTHS AS AN INTERPRETER: |
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| EXPLAIN YOUR WEAKNESSESS AS AN INTERPRETER: |
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| *HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?* |
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| IF YES, PLEASE EXPLAIN: |
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| HAVE YOU EVER HAD A BCI/FBI BACKGROUND CHECK COMPLETED? Y/N ATTACH COPY |
| IF SO, IS IT CURRENT AND APPROVED? Y/N LIST DATE FOR EACH: |

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| AS A PROFESSIONAL INTERPRETER, DO YOU OBTAIN THE FOLLOWING? |
| \*Include expiration date for all licensures/certificates & attach copies of all\* |
| LICENSURE THROUGH THE BOARD OF EDUCATION: |
| RID/NIC CERTIFICATION AND SCORE: |
| EIPA CERTIFICATION AND SCORE: |
| RID MEMBERSHIP: |
| OTHER SPECIAL CERTIFICATIONS (SUCH AS MEDICAL OR LEGAL): |
| LIABILITY INSURANCE: |
| COMPLETION OF TRAINING THROUGH AN ITP (INTERPRETER’S TRAINING PROGRAM): |

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| *EDUCATION* |
| *HIGH SCHOOL GRADUATE? Y/N NAME OF HIGH SCHOOL: CITY/STATE: YEAR GRADUATED: GPA:* |
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| *DID YOU GRADUATE FROM AN INTERPRETER’S TRAINING PROGRAM (ITP)? Y/N*  *NAME/COLLEGE OF PROGRAM: DATES ATTENDED: GPA:*  *DID YOU COMPLETE A PRACTICUM EXPERIENCE AS PART OF YOUR ITP GRADUATION REQUIREMENT? Y/N*  *LIST PRACTICUM(S) NAME & LOCATION:*  *1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *DO YOU HAVE AN ASSOCIATES DEGREE, OR A BACHELOR’S DEGREE?*  *COLLEGE EXPERIENCES:(Include location, years attended, name, and type of major and/or degree)*  *1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *WORK EXPERIENCE*  *(LIST ALL RELEVANT EXPERIENCE STARTNG WITH THE MOST RECENT)* |
| *COMPANY NAME, START DATE, CONTACT NUMBER, SUPERVISOR NAME, DUTIES, DURATION OF TIME WORKED*  *REASON FOR LEAVING, ENDING PAY RATE* |
| 1. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 2. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 3. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   ARE YOU CURRENTLY ON ANY SUB-LISTINGS FOR SCHOOL DISTRICTS?  ARE YOU INDEPENDENTLY WORKING FOR ANY OTHER AGENCIES?  ARE YOU CURRENTLY FULL OR PART-TIME EMPLOYED?  *PLEASE LIST ADDRESS AND PHONE NUMBER FOR VERIFICATION IF NEEDED* |
| *LIST TWO PROFESSIONAL REFERENCES (ATTACH LETTERS OF REFERENCE OR EMAIL THEM, OR SEND TO*  *P.O. BOX 35478 CLEVELAND, OH 44135)* |
| 1. *NAME: COMPANY: CONTACT NUMBER:* |
| 1. *NAME: COMPANY: CONTACT NUMBER:* |
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***AVAILABILITY (Include available times, overnight included)***

**MONDAY-**

**TUESDAY-**

**WEDNESDAY-**

**THURSDAY-**

**FRIDAY-**

**SATURDAY-**

**SUNDAY-**

**Are you willing to receive last minute phone calls during 2nd and 3rd shift-type hours? Y/N**

**\*Upon signing this application, I agree that all information is accurate to the best of my knowledge and understand that National Interpreting Agency can deny me sub-contracting assignments if my behavior is unprofessional and defies the signed contract agreement.\***

**I agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Applicant Signature and Date)**

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**(Executive Director Signature and Date)**