

Interpreter Application

75 Highpower Rd. • Rochester, NY 14623
 (585)235-7500 • www.interpretek.com



Personal Information

Date _____

Name _____ Social Security No. _____-_____-_____

Street Address _____

City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ AIM Screen Name _____

Are you a US Citizen or able to provide proof of eligibility to work in the US if hired? _____

Educational Background

	Name and Location	Major/Area of Study	Degree
College/University			

Interpreting Experience

Hourly Rate: _____/Hr

Interpreting Since: _____ Certifications Held: _____

Currently Interpreting: Freelance? Yes / No FT / PT Employee? Yes / No FT / PT

Experience In: (Please rate: 0- None 1-Some 2-Moderate 3-Extensive)

- _____ Classroom – Elementary _____ Classroom Secondary _____ Classroom - College
- _____ Business/Corporate _____ Legal (Court) _____ Legal (Attorney’s Office)
- _____ Medical (Dr. Office) _____ Medical (Hospital) _____ Mental Health (Counseling)
- _____ Mental Health (Crisis) _____ Performing Arts _____ Deaf/Blind
- _____ Tactile _____ Religious - Denominations _____

Interest In: (Please rate: 0- None 1-Some 2-Moderate 3-Extensive)

- _____ Classroom – Elementary _____ Classroom Secondary _____ Classroom - College
- _____ Business/Corporate _____ Legal (Court) _____ Legal (Attorney’s Office)
- _____ Medical (Dr. Office) _____ Medical (Hospital) _____ Mental Health (Counseling)
- _____ Mental Health (Crisis) _____ Performing Arts _____ Deaf/Blind
- _____ Tactile _____ Religious - Denominations _____

Abilities

Rate yourself in ability/comfort level: 0 – No Ability to..... 5 – Master Level

_____ ASL to Spoken English _____ Oral Interpreting _____ English Sign to Spoken English
_____ Spoken English to ASL _____ Deaf/Blind Tactile _____ Spoken English to English Sign

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							
Overnight							

References

Please provide the names of three people, not related to you, whom we may contact.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Person to Notify in Case of Emergency

Name _____ Relationship _____

Street Address _____ City/State/Zip Code _____

Phone _____ Alternate Phone _____ Email _____

Agreement and Signature

I affirm that the facts within this document are true and complete. I understand that any false statements, omissions, or other misrepresentations made on this application may result in the termination of our working relationship.

Name (printed) _____ Date _____

Signature _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in working with Interpretrek!

