



IN-HOUSE EMPLOYMENT/CONTRACTOR APPLICATION

AVAZA Language Services Corporation is committed to the principles of equal opportunity, equal access, and affirmative action. This organization does not discriminate against applicants or employees on the basis of race, color, religion, creed, age, national origin, sex, pregnancy, disability, veteran's status or any other classification protected by federal or state law.

PLEASE USE BLACK INK OR TYPE TO COMPLETE THIS APPLICATION FORM

APPLICATION DATE: _____

OFFICE USE ONLY
INTERPRETER ID#: _____

PERSONAL INFORMATION:

Last Name		First Name		Middle		SS# / TEIN / EIN / ID#	
Address					Apt. #	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City		State		Zip Code		Birthplace/Family Origin/Country	
Cell #		Home #		Work #		Pager #	
Other Tel #	Fax #		E-mail (s)			Web Page URL	

Do you have reliable transportation? Yes No
 You are interested in a: Full-time position Part-time position Contractor Position
 Start date available for work: _____ Pay Rate Requested: \$ _____ per _____

WORKING LANGUAGES IN ORDER OF PROFICIENCY: (Please ✕ List ONLY those languages in which you are fluent in interpreting)

Primary (A) Language	Secondary(B) Language	Secondary Language 2	Secondary Language 3	Secondary Language 4	Secondary Language 5
<input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/> Oral <input type="checkbox"/> Written

TIMES AVAILABLE FOR: Please specify times (Central Standard Time) that we can reach you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Over-the-phone	_____	_____	_____	_____	_____	_____	_____
On-site/Translation	_____	_____	_____	_____	_____	_____	_____

CERTIFICATION(S): List any certifications which would be helpful in your interpreting career.

Certified in the state of:	Type of certification:	Year of certification:	Accreditation:
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INTERPRETING EXPERIENCE:

Years of experience working as an interpreter or translator (Voluntary Work, Personal, Etc)	
Please list interpreting or translating experience:	
Are you currently working as a medical interpreter/ translator? If yes, please specify which clinics/ hospitals:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently working as a court interpreter/ translator? If yes, please specify which courts:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other types of interpreting/ translating? (Please specify)	

PLEASE LIST EMPLOYMENT HISTORY:

Present Employer:	Address, City, State, Zip:	
Telephone:	Reported to:	
Position Title:	Dates Employed: From: To:	
Duties and Responsibilities:		
Reason for Leaving:		Starting Salary: Ending Salary:
May we contact your present employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Previous Employer:	Address, City, State, Zip:	
Telephone:	Reported to:	
Position Title:	Dates Employed: From: To:	
Duties and Responsibilities:		
Reason for Leaving:		Starting Salary: Ending Salary:
May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Previous Employer:	Address, City, State, Zip:	
Telephone:	Reported to:	
Position Title:	Dates Employed: From: _____ To: _____	
Duties and Responsibilities:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Previous Employer:	Address, City, State, Zip:	
Telephone:	Reported to:	
Position Title:	Dates Employed: From: _____ To: _____	
Duties and Responsibilities:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES: Please list three (3) people, not related to you, whom you have known for at least six (6) months.

(1) Name (Personal):	Verified	(2) Name (Business):	Verified	(3) Name (Personal/ Business):	Verified
Phone:	Date:	Phone:	Date:	Phone:	Date:
Occupation:	Contact:	Occupation:	Contact:	Occupation:	Contact:
How long have you known:	AVAZA CORP Rep:	How long have you known:	AVAZA CORP Rep:	How long have you known:	AVAZA CORP Rep:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been convicted of a felony? If yes, state facts and penalty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor? If yes, state facts and penalty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been discharged from any position? If yes, state circumstances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Affirmation: I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this information sheet as may be necessary for employee/contractor verification. I understand that this application is not intended to be a contract of employment. In the event that I am employed or contracted, I understand that any false or misleading information given in my application or interview(s) may result in termination of said relationship.

Applicant's Signature-In Ink: _____ **Date signed:** _____