

Interpreter Job Opportunities

Legal Name: _____ Nickname: _____

Address: _____
Street Address City State Zip Code County

Home #: _____ Cell #: _____

E-mail: _____ Fax #: _____

Text Msg: _____ Other: _____

CURRENT CERTIFICATIONS/MEMBERSHIPS:

Are you a RID/NIC member? Yes No Other Memberships: _____

Your current certifications (please check all that apply):

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> NIC Written | <input type="checkbox"/> RID: CSC | <input type="checkbox"/> NAD IV (Advanced) |
| <input type="checkbox"/> NIC Performance | <input type="checkbox"/> RID: MCSC | <input type="checkbox"/> NAD V (Master) |
| <input type="checkbox"/> NIC Advanced | <input type="checkbox"/> RID: RSC | <input type="checkbox"/> EIPA: Score: _____ |
| <input type="checkbox"/> NIC Master | <input type="checkbox"/> RID: OTC | <input type="checkbox"/> State Screened: |
| <input type="checkbox"/> RID Written | <input type="checkbox"/> RID: OIC | State: _____ |
| <input type="checkbox"/> RID Performance | <input type="checkbox"/> RID: IC | <input type="checkbox"/> Agency Screened: |
| <input type="checkbox"/> RID: CI | <input type="checkbox"/> RID: TC | Agency: _____ |
| <input type="checkbox"/> RID: CT | <input type="checkbox"/> RID: SC:L | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> RID: CDI | <input type="checkbox"/> NAD III | |

EDUCATION/EMPLOYMENT HISTORY

Have you completed an Interpreter Training Program? Yes No If Yes, please complete:

Program/School Name: _____ Address: _____

Do you have a degree (of any type): Yes No Type: _____ Year: _____

Years of Interpreting: Full Time: _____ Part-Time: _____

Interpreting Work History (please list most recent first): *Please list dates of employment, employer information, position(s) held, salary information, and reason for leaving.*

Dates: Employer Info.: Position: Salary: Reason for Leaving:
