



105 Casey Road ♦ P.O Box 5000 ♦ Williamsville, NY 14051-5000

TRANSLATOR/INTERPRETER APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: (optional) _____

GENDER: ___ Male ___ Female

Have you been fingerprinted and cleared for employment in a school district or BOCES in NY State in the last 5 years? ___ Yes ___ No

In addition to English, please check all languages that you read, speak and write fluently:

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Akan | <input type="checkbox"/> Italian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic (Lebanese Dialect) | <input type="checkbox"/> Kannada | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Kazakh | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese Chinese | <input type="checkbox"/> Malay | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Marathi | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Nepali | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Pashton | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Portuguese | Other: _____ |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Pushto | |

SIGNATURE: _____ DATE: _____

<u>Office Use Only</u>		
Date Contacted: _____	Fingerprinted: _____	Hired: _____