



OFFICE OF LANGUAGE SERVICES CONTRACTOR APPLICATION FORM

Interpreter • English Language Officer • Translator

APPLICATION INSTRUCTIONS AND CHECKLIST

The following items need to be submitted together in order to be considered for contract freelance work with the U.S. Department of State, Office of Language Services:

Application Form

- The entire first page must be completed. On the second page, only complete those sections of the application for which you are interested in applying. You do not need to complete all three sections if you are not interested in working in all three.

Résumé with References

- Please submit a copy of your résumé and at least three professional references with telephone numbers, preferably who are familiar with your linguistic work. Your résumé should highlight your translating and/or interpreting work.

Translation Samples (only if applying for written translation work)

- If applying for written translation, **you MUST submit a short translation sample (150-200 words) using the third page of the application form.**
- If applying for multiple language combinations, you may submit multiple samples using the translation sample form included in this application. **DO NOT SUBMIT MORE THAN ONE SAMPLE PER LANGUAGE COMBINATION.**
- The Office of Language Services does not provide documents for you to translate in order to submit samples to our office. Please select something you have translated previously. If you do not have any of your prior work at your disposal, please select something and translate it. If possible, your sample translation should deal with current events, politics, government, law, or business. Avoid translations of patents, biomedical texts, literature, and highly technical prose.
- If not applying for written translation work, it is not necessary to submit the translation sample page of this application.

SUBMISSION INSTRUCTIONS

Please submit your application packet by one of the following methods:

US Mail

Attn: Testing Manager
U.S. Department of State
Office of Language Services SA-1
2401 E. St. NW, Room 1400
Washington, DC 20522

E-mail

LSapplications@state.gov

Fax

(202) 261-8821



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TESTING INFORMATION

Today's Date (mm-dd-yyyy)	Have you applied previously? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No (mm-dd-yyyy) _____	How did you hear about us?
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PERSONAL INFORMATION

Name	Last	First	Middle Initial
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			

Address	Street Address	City	State	ZIP Code
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Phone (Home)	Phone (Work)	Phone (Cell)
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Fax	E-mail	How long have you lived in the United States?
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Do you have a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth (City/State/Country)	Date of Birth (mm-dd-yyyy)
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U.S. Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dual Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a United States citizen, please complete below: Your Citizenship _____ Visa You Hold _____	Can you work legally in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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BACKGROUND INFORMATION

Foreign Residence: Do not include brief visits.

Country	Dates of Residence (mm-dd-yyyy)	
	From	To

Foreign Languages: List languages (other than English) in which you have a fluent command and in which you are prepared to take a formal test.

Language	How learned? (Home, school, residence, work)

Education

	Institution	Location	Dates (mm-dd-yyyy) Attended		Major Subject (if applicable)	Certificate Awarded
			From	To		
Secondary						
University						
University						
Professional						

Work Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	What is your regular occupation or profession?
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If employed, describe your present employment.

FOR OFFICE USE ONLY

PLEASE INDICATE IN THE THREE BOXES AT THE LEFT WHICH TEST(S) YOU ARE APPLYING FOR:

I am applying for the ORAL INTERPRETING TEST

Applicants with experience in Conference Interpreting should attach a list of conferences where you have interpreted.

Interpreting Experience Level:		Interpreting Modes:			
<input type="checkbox"/> None	<input type="checkbox"/> Professional	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Simultaneous-Seminar	<input type="checkbox"/> Conference- Consecutive	
<input type="checkbox"/> Informal (e.g., for friends and family)		<input type="checkbox"/> Consecutive	<input type="checkbox"/> Simultaneous-Court	<input type="checkbox"/> Conference-Simultaneous	

Availability:

<input type="checkbox"/> Year-round	<input type="checkbox"/> Seasonally (Specify season(s)) _____
<input type="checkbox"/> Three weeks or longer	<input type="checkbox"/> Only for short assignments (Specify maximum length) _____
<input type="checkbox"/> Available for domestic travel	<input type="checkbox"/> Available for international travel
<input type="checkbox"/> Available locally in Washington, DC	

I am applying for the ENGLISH LANGUAGE OFFICER (ELO) TEST

The ELO test verifies the suitability of applicants to accompany English-speaking visitors to this country under U.S. government-sponsored exchange programs, for up to six weeks at a time.

Do you have a degree from an institution of higher learning?	If yes, what type of degree and from which institution?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Availability:
Are you able to travel with a group of international visitors for at least six weeks at a time?

Yes No

I am applying for the WRITTEN TRANSLATION TEST. Please specify: Freelance Internship

YOU MUST SUBMIT A SHORT (150-200 words) TRANSLATION SAMPLE USING THE FORM ON THE NEXT PAGE IF YOU WANT TO BE CONSIDERED FOR FREELANCE TRANSLATION WORK.

Applicants with professional experience should attach a list of assignments/projects to their résumé, listing clients, subject matter, source, and target language(s).
* Internships are intended for students and/or recent graduates only.

Translation Experience

None Informal (e.g., for friends and family, in school) Professional

What type of translation degree and/or certification, if any, do you hold (and from what organization/institution?)

What is your native language?	List the language combinations for which you are applying to take a translation test (strongest combination first):
	Source Language _____ (Into) Target Language _____
How many years have you been translating?	Source Language _____ (Into) Target Language _____

How many words per day can you translate?	What is your typing speed?	When translating, what are your preferred subject areas?
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Are you able to use: (Check all that apply)	What computer-assisted translation tools (e.g., SDL/Trados) do you use in your work?
<input type="checkbox"/> Computer <input type="checkbox"/> E-mail <input type="checkbox"/> Fax Machine	
<input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Excel	

Privacy Act Statement
This form is authorized by 5 U.S.C. 3109 and 48 CFR 1.9. The information solicited on this form is necessary for consideration for contract positions with the U.S. Department of State Office of Language Services. The information on this form may be shared with potential employers, credit institutions, rental offices, etc. requesting verification of employment and/or earnings. The information may also be released to other government agencies having statutory or other lawful authority to maintain such information. DOS will protect the collected information pursuant to the Privacy Act of 1974, as amended and the Freedom of Information Act, as applicable. For additional information on the Privacy Act of 1974 and the Freedom Act go to <http://foia.state.gov/refer.asp>. Giving us the information we ask for is voluntary. However, if you do not give us each item of information we request, your application may not be processed in a timely manner or at all. This may affect your contract prospects.

Paperwork Reduction Act (PRA) Statement
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

TRANSLATION SAMPLE (150-200 words only). Only complete and submit translation samples if applying for written translation work.

Name Mr. Mrs. Ms. *Last* *First* *Middle Initial*

Please indicate the source language, and insert source text (150-200 words only) below.

Source language _____

Please indicate the target language, and insert target text (150-200 words only) below.

Target language _____