



## 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (mm-dd-yyyy) _____ | How did you hear about us? |
|---------------------------|---|----------------------------|

## PERSONAL INFORMATION

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

## 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<br><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? |
|---|--|

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:

- None                       Professional  
 Informal (*e.g., for friends and family*)

Interpreting Modes:

- Not Sure                       Simultaneous-Seminar                       Conference- Consecutive  
 Consecutive                       Simultaneous-Court                       Conference-Simultaneous

Availability:

- Year-round                       Seasonally (*Specify season(s)*) \_\_\_\_\_  
 Three weeks or longer                       Only for short assignments (*Specify maximum length*) \_\_\_\_\_  
 Available for domestic travel                       Available for international travel                       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?

- Yes                       No

If yes, what type of degree and from which institution?

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?

Are you able to use: (*Check all that apply*)

- Computer                       E-mail                       Fax Machine  
 MS PowerPoint                       MS Excel

What computer-assisted translation tools (*e.g., SDL/Trados*) do you use in your work?

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** This form is authorized by 5 U.S.C. 3109.

**PURPOSE:** The information solicited on this form is necessary for consideration for contract positions with the U.S. Department of State Office of Language Services.

**ROUTINE USES:** The information on this form may be shared with potential employers, credit institutions, rental offices, etc. requesting verification of employment and/or earnings. This information may also be released to other government agencies having a statutory or other lawful authority to maintain such information. For further information see State-37, Translator and Interpreter Records.

**DISCLOSURES:** Providing the requested information is voluntary. However, failure to provide the information requested may result in the failure of your application to 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: Office of Language Services, 14th Floor, 2401 E St. NW, U.S. Department of State, Washington, DC 20522.

**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 \_\_\_\_\_