



Professional Interpreters for the Deaf
"Your Valuable Communication Link"
Application for Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) applied for: _____ Birth date ____/____/____

Name _____
 First Middle Last

Address _____
 Street City State Zip

Phone _____
 Cell Home

Social Security _____ - _____ - _____ email _____

Education:

High School _____ Years Completed _____ Degree _____

Undergraduate College _____

Other (Specify) _____

Days and Times you are available or not available:

Do you hold a certification in the national RID? Yes No (send copy)
 Do you hold an Indiana state certificate? EIC IIC (send copy)
 Do you hold an ITP certification or degree? Yes No (send copy)

Are you skilled in (circle those that apply): ASL Signed English PSE ?

How did you acquire your signing skills? _____

Circle the areas in which you have had interpreting experience:

Education	Legal	Medical	Mental Health	Platform
Religious	Team Interpreting	Voc Rehab	Music Concert	Theatre

Signature _____ Date _____