

SUPERIOR COURT OF CALIFORNIA, LOS ANGELES INDEPENDENT CONTRACT COURT INTERPRETER INFORMATION SHEET

RETURN VIA EMAIL TO LASclerical@lacourt.org.

PERSONAL DATA (PLEASE PRINT OR TYPE. DO NOT USE RED INK)				
LAST NAME:	HOME PHONE #			
FIRST NAME:	BUSINESS PHONE #			
MR./MS	PAGER #			
OTHER NAMES USED:	CELLULAR #			
ADDRESS:	FAX #			
CITY & ZIP CODE:	SOCIAL SECURITY #			
EMPLOYEE IDENTIFICATION NUMBER	E-MAIL			
ARE YOU A CITIZEN OF THE UNITED STATES?				
HAVE YOU, AS AN ADULT, EVER BEEN CONVICTED OF A CRIME, FINED,(E OFFENSES) PLACED ON PROBATION OR GIVEN A SUSPENDED SENTENC INCLUDE JUVENILE OFFENSES IF THE RECORD HAS SUBSEQUENTLY BE NO	E IN ANY COURT OF LAW OR MILITARY COURT? (DO NOT			
(PLEASE NOTE: A CONVICTION IS NOT AN AUTOMATIC BAR TO CONTRAC	CT, EACH CASE IS CONSIDERED ON AN INDIVIDUAL BASIS.)			
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN?	☐ NO IF YES, PLEASE ATTACH EXPLANATION.			

LIST LANGUAGES YOU INTERPRET IN ORDER OF FLUENCY (#1 BEING STRONGEST):
134
STATE COURT CERTIFICATION NUMBER & DATE COURT CERTIFIED
EDUCATION:
HIGH SCHOOL GRADUATE YES NO NAME/LOCATION OF SCHOOL:
COLLEGE GRADUATE YES NO NAME /LOCATION OF SCHOOL. IF NO, HOW MANY YEARS ATTENDED, IF ANY?
LIST ALL DEGREES AND COURSES OF STUDY/MAJOR:
INTERPRETER OR TRANSLATOR EXPERIENCE. LIST ALL EXPERIENCE YOU HAVE HAD EITHER AS AN EMPLOYEE OR AS AN INDEPENDENT CONTRACTOR. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET.
DO YOU GIVE PERMISSION FOR US TO CONTACT YOUR CURRENT AND PREVIOUS EMPLOYER/CLIENT?
EXPERIENCE: COMPLETE ALL SECTIONS REGARDLESS OF WHETHER OR NOT YOU ATTACH A RESUME. BEGIN WITH YOUR MOST RECENT JOB THEN LIST SEPARATELY THE TITLE FOR ALL JOBS, VOLUNTEER EXPERIENCE, AND ANY PERIOD OF UNEMPLOYMENT IN THE LAST TEN YEARS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SECOND SHEET.

NAME OF EMPLOYER/CLIENT:		EMPLOYER/CLIENT ADDRESS:		
POSITION TITLE:		DESCRIPTION OF DUTIES:		
DATES EMPLOYED: FROM:	TO:			
HOURS PER WEEK:	TOTAL MONTHS:			
CURRENT SALARY/RATE:	PART TIME FULL	EMPLOYEE		
REASON FOR LEAVING:		NUMBER SUPERVISED:		
WORK LOCATION/DIVISION:		NAME OF SUPERVISOR: PHONE:		
NAME OF EMPLOYER/CLIENT:	PLOYER/CLIENT: EMPLOYER/CLIENT ADDRESS:			
POSITION TITLE:		DESCRIPTION OF DUTIES:		
DATES EMPLOYED: FROM:	TO:			
HOURS PER WEEK:	TOTAL MONTHS:			
CURRENT SALARY/RATE:	PART TIME FULL	EMPLOYEE		
REASON FOR LEAVING:		NUMBER SUPERVISED:		
WORK LOCATION/DIVISION:		NAME OF SUPERVISOR:	PHONE:	
NAME OF EMPLOYER/CLIENT:		EMPLOYER/CLIENT ADDRESS:		
POSITION TITLE:		DESCRIPTION OF DUTIES:		
DATES EMPLOYED: FROM:	TO:			
HOURS PER WEEK:	TOTAL MONTHS:			
CURRENT SALARY/RATE:	PART TIME FULL	EMPLOYEE		
REASON FOR LEAVING:		NUMBER SUPERVISED:		
WORK LOCATION/DIVISION:		NAME OF SUPERVISOR:	PHONE:	

	SUPERIOR COURT OF CALIFORNIA, LOS	EQUESTED BECAUSE I HAVE EXPRESSED AN INTE S ANGELES TO PROVIDE INTERPRETER OR TRANSLA		
OF MY KNOWLEDGE AND B	ELIEF, AND I UNDERSTAND AND AGREE	CTION WITH THIS APPLICATION ARE TRUE TO THE THAT ANY MISSTATEMENT OR OMISSION OF MATE THE SUPERIOR COURT OF CALIFORNIA, LOS ANGE	ERIAL	
MY SIGNATURE AFFIRMS THAT ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE, FURTHER, I AUTHORIZE ALL EMPLOYERS/CLIENTS AND INSTITUTIONS TO RELEASE CONFIDENTIAL INFORMATION CONCERNING MY CONTRACT WITH THE SUPERIOR COURT OF CALIFORNIA, LOS ANGELES.				
SIGNATURE:		_DATE:		
DO NOT WRITE IN THIS BOX				
DATE:	COMMENTS:			