



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: \_\_\_\_\_

Office Use Only

Date Contacted: \_\_\_\_\_ Fingerprinted: \_\_\_\_\_ Hired: \_\_\_\_\_