



World Language Access LLC

Interpreter/Translator/Linguistic QA Tester Application Form

INSTRUCTIONS: Please complete and e-mail, or *fax or mail* this application form along with your resume/ curriculum. You can send the e-mail to us at careers@worldlanguageaccess.com, send a fax at 1-888-359-9505 (Toll Free) or (503) 214-2888, or mail this application to 3800 SW Cedar Hills Blvd Suite 200 Beaverton, OR 97005. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating the contractual agreement. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Our business hours are Monday – Friday, 8 a.m. to 5 p.m. (Pacific Time).

GENERAL INFORMATION

Today's Date:		Position Applying For:				
		<input type="checkbox"/> Telephonic Interpreter		<input type="checkbox"/> On-site Interpreter		<input type="checkbox"/> Translator
		<input type="checkbox"/> Linguistic QA Tester		<input type="checkbox"/> Other (specify):		
First Name:			Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Middle Initial:			If under 18, can you provide work permit?			
Last Name:			US Residency Status:			
Have you applied previously for a job at WLA? <input type="checkbox"/> Yes, (if Yes, please specify when you applied (Date):			Will you consent to a background check?			
			Will you consent to a drug-screening test?			
Main Phone Number:		Home Phone Number:		Cell Phone Number:		
Business Number:		Fax Number:		Pager Number:		
Main E-mail Address:			Alternative E-mail Address:			
Physical Address:			City:		State/Province:	Zip Code:
Mail Address (Check <input type="checkbox"/> if same as physical address):			City:		State/Province:	Zip Code:
Native Language:	Second Language:	Third Language:	Country of Origin:		Region in Country of Origin:	
Years of Experience as:	Interpreter:	Translator:	Linguistic QA Tester:		Voiceover Talent:	
Translator rates			Interpretation			Linguistic QA Testing
Word	Editing (word)	Proofreading	Printed page	On-site (hour)	Tel. (minute)	Hour

INTERPRETATION / TRANSLATOR INFORMATION

What type of industry terminology do you feel most comfortable interpreting/translating (Check all that apply)? <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Software/Internet / IT <input type="checkbox"/> Other							
Do you know the meaning of 1 st person interpretation? Please explain the meaning.							
Are there any interpretation or translation assignments you would prefer not to accept based on personal or cultural beliefs?							
Are you willing to work from home? If Not, please explain					How many miles are willing to travel to work?		
Over the phone Interpreter Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
On-site Interpreter Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

LINGUISTIC QA TESTER INFORMATION

Do you have formal education in IT/localization fields? If so please explain.				Do you have any professional certifications/Association membership? If so please indicate what certificates/Association memberships you hold.			
Have you been related with the process of Quality Assurance of products/services? If so please explain.							
Have you been related with the translation/testing of products/services like software, marketing materials, and hardware devices? If so please explain.							
What type of industry terminology do you feel most comfortable testing? <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Software/Internet / IT <input type="checkbox"/> Other _____							
Are you willing to work from home? If Not, please explain					How many miles are willing to travel to work?		
Do you a computer? If so is this computer localized in your native language?					Do you have Internet Access?		
OnSite QA Testing Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Remote QA Testing Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SOFTWARE / COMPUTER AIDED TRANSLATION TOOLS

Software & Internet experience (check all that apply):	<input type="checkbox"/> Accross products	<input type="checkbox"/> Déjà Vu	<input type="checkbox"/> MacOS (Apple)
	<input type="checkbox"/> Adobe Acrobat	<input type="checkbox"/> EditPlus / UltraEdit32	<input type="checkbox"/> MS Paint/Notepad
	<input type="checkbox"/> Adobe Dreamweaver	<input type="checkbox"/> HTML, XML, ASP, PHP	<input type="checkbox"/> MS Projects / Visio
	<input type="checkbox"/> Adobe Flash CS3	<input type="checkbox"/> Internet Explorer	<input type="checkbox"/> OpenOffice.org
	<input type="checkbox"/> Adobe Illustrator	<input type="checkbox"/> Linux/ Unix	<input type="checkbox"/> Paint Shop Pro
	<input type="checkbox"/> Adobe Pagemaker	<input type="checkbox"/> MetaTaxis	<input type="checkbox"/> WordFast
	<input type="checkbox"/> Atril	<input type="checkbox"/> Mozilla Firefox	<input type="checkbox"/> SDLX
	<input type="checkbox"/> Corel Draw/PhotoPaint	<input type="checkbox"/> MS Office (Word, Excel, PowerPoint)	<input type="checkbox"/> Trados
	<input type="checkbox"/> Corel WordPerfect	<input type="checkbox"/> MS Windows 2000, XP, Vista	<input type="checkbox"/> TMX
	Other translator software/tools (Computer-Aided Translation, CAT)?		

OTHER EDUCATIONAL BACKGROUND

Name	Location	Degree Type
High school:		
College:		
Other:		

PREVIOUS EMPLOYMENT

First most recent employer:				
Address:		City/State:	Phone:	Type of Business:
Date employed (mm/yy): / to /	Supervisor's Name:		Salary (Minute/Hour/Week):	
Responsibilities		Reason for leaving:		
Can we contact your employer?				
Second most recent employer:				
Address:		City/State:	Phone:	Type of Business:
Date employed (mm/yy): / to /	Supervisor's Name:		Salary (Minute/Hour/Week):	
Responsibilities		Reason for leaving:		
Can we contact your employer?				

I certify that I have read and understand the applicant instructions on page one of this application and that answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge.

I authorize the company and/ or it's agents to verify any of this information.

Signature _____

Date _____

