



**RFQ 22MISC1, QUALIFICATION OF ENGLISH LANGUAGE INTERPRETERS
INTERPRETER APPLICATION**

Multilingual Education
Program

Clear Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #002-F07
September 2023

I. PERSONAL INFORMATION:

A. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

B. Are you currently an FCPS Employee? Yes No

If yes, are you: Benefitted or non-Benefitted

What is your current position at FCPS? _____

Employee ID number _____

C. Do you have children in the school system? Yes No

If yes, which school(s):

II. LANGUAGE SKILLS AND EXPERIENCE:

List below the languages you speak/write. Indicate your native language with an asterisk ().*

SKILLS LEVELS: BEGINNER, INTERMEDIATE OR ADVANCE

Language	Spoken Skill Level	Written Skill Level
English		

EDUCATION

Name of School	Location	Degree/Certificate Earned	Years

III. CERTIFICATION:

Are you a certified interpreter? Yes No

If yes, attach a copy of the 40-hour training certificate (The Community Interpreter®) to this application.

IV. AVAILABILITY:

A. Are you available for emergency services? Yes No

B. Please indicate the days and times are you available on a regular basis.

Day of the Week (Monday-Friday)	Time - Morning or Afternoon

V. INSURANCE:

What is the name of your insurance company and the auto liability insurance policy number?

VI. LIST THE NAME AND EMAIL ADDRESS OR PHONE NUMBER FOR THREE PERSONAL OR PROFESSIONAL REFERENCES:

1. _____
2. _____
3. _____

VII. Only for independent contractors (this does not apply to current FCPS employees). Do you agree to pay the fingerprinting fee (currently \$60.00) and attend training sessions prior to receiving assignments? Yes No

VIII. Only for independent contractors (this does not apply to current FCPS employees). If you have not completed a W-9 Form (as the one included in this package) within the last 12 months, please complete and sign, and include with your returned application.

IX. Authorization

I, the undersigned, hereby certify that the information contained within this application is true and is a correct statement of facts.

I certify that I agree to all terms of this application, including the rate per hour, and shall abide by all known policies and procedures of Frederick County Public Schools.

I further certify that I shall conduct myself in a professional manner and maintain confidentiality of all information shared with me.

Print Name: _____

Date: _____

Authorized Signature: _____