

INTERPRETER APPLICATION

Please complete application and return to:
Seventh Judicial District
P. O. Box 963
Cartersville, GA 30120

Name: _____	
Street Address: _____	
City/State: _____	
Zip Code: _____	Fax Number: () _____
Home Telephone: () _____	Work Telephone: () _____
Cellular Telephone: () _____	E-Mail: _____
County of Residence: _____	Date of Birth: ____ / ____ / ____
<i>*You must be at least 21 years old.</i>	

Interpreting Experience

Country of Origin: _____	
Native Language: _____	
How did you learn English? _____	
State Certified? yes no	Appointed in federal court? yes no
Language(s) for which you interpret: _____	

Can you translate written documents? yes no	
Can you interpret simultaneously? yes no	
Can you interpret consecutively? yes no	
Interpreter certificates or training you have received: _____	

Agencies or individuals for which you have interpreted: _____	

Describe your court interpreting experience and history, please include dates and counties: _____	

Education

High School Graduate GED College

If college, please specify degree, major and college: _____

References

Please list three (3) references, with address and telephone number, to verify your interpreting skills. If possible, please include at least one (1) judge, court administrator or attorney with whom you have worked.

1. _____

2. _____

3. _____

Please indicate which counties you are willing to translate in:

Bartow	Catoosa	Chattooga
Cobb	Dade	Douglas
Floyd	Gordon	Haralson
Murray	Paulding	Polk
Walker	Whitfield	

Please indicate which days of the week you are available to work:

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday

I understand that by completing this application that I am giving permission to the Seventh Judicial Administrative District to perform an arrest record check with law enforcement authorities. The results will be used only in considering my suitability for the translators program.

By signing below, I am affirming that all statement herein are true and correct to the best of my knowledge.

Signature

Date

**BARTOW COUNTY SHERIFF'S OFFICE
AUTHORIZATION & CONSENT FORM**

Statement of Authorization for Criminal Record Check

I, _____, do hereby request and authorize the **Bartow County Sheriff's Office** to conduct a thorough Criminal History Record Check and/or Background Investigation.

I further authorize **Bartow County Sheriff's Office** to disclose the results and findings of said Criminal History Record Check and/or Background Investigation to: Seventh Judicial Administrative District, 115 West Cherokee Avenue, Post Office Box 963, Cartersville, Georgia 30120.

I do hereby agree to hold harmless the **Bartow County Sheriff's Office** and all officials, representatives and employees of the foregoing from any and all claims, which may arise from the use of information obtained from the Criminal History/Background check.

Consented to this ____ day of _____, 20____.

Witnessed this ____ day of _____, 20____.

Notary Public

**** PLEASE PRINT THE FOLLOWING INFORMATION ****

Full Name: _____

Address: _____

Date of Birth: _____

SS#: _____

Sex: _____

Race: _____

This form must be completed before any background check is released.

(Information will be destroyed if not picked up within 30 days)