

SIGN LANGUAGE PROFESSIONALS, INC.

Since 1992

Sign Language Interpreter Application

Name _____

Address _____

Telephone (home/work) _____

Fax number _____ Email _____

Cell phone number _____ Pager _____

Current Certification/VQAS (photocopy must accompany this application)

References (may be Deaf consumers, interpreter raters, other certified interpreters or employers). Include name/address/telephone or attach letter of recommendation.

1. _____
2. _____
3. _____

Name of SLP-contracted interpreter you would like to list as having referred you to SLP:

A criminal background check must accompany your application. The check may be conducted by a consumer reporting agency or firm regulated by the Fair Credit Reporting Act (FCRA), and the investigation must conform in all respects to the requirements of the FCRA. By accepting work with Sign Language Professionals, Inc., you authorize the viewing of this information by our Customers, if required. This data is now required by schools, universities and medical centers, and interpreters must comply. A background check, which has been conducted by another organization, workplace, etc. is sufficient. If you have a security clearance, please include that, as well.

all information is kept confidential

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