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| This area to be completed by IRB |
| SIN No: |

Interpreter Application Form

| | | | | | | |
|-------------------------------------|-------------------|--------------|----------------------------|-------------------------|----------------|-------------|
| Given name and surname | | | Date of birth (yyyy/mm/dd) | | Place of birth | |
| Mailing address (number and street) | | | Apt. # | City | | Postal code |
| Telephone number () | Fax number () | Other () | | Electronic mail address | | |

Status

Canadian citizen Permanent resident Other: _____

The Immigration and Refugee Board of Canada (IRB) is committed to equity and diversity. From time to time, the IRB may have specific contract work that requires a contractor of a specific gender. For example, a request may be made for interpretation services for a victim of sexual violence to be provided by someone of the same gender. You are not required to self-identify, however if you are interested in self-identifying for this purpose, please do so below.

I identify as (gender): _____

| LANGUAGE(S) SPOKEN | LANGUAGE(S) WRITTEN | LANGUAGE(S) READ |
|--|--|--|
| Official language(s) | | |
| <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both |
| Interpretation language(s) | | |
| | | |
| | | |
| | | |
| | | |

Interpretation experience: No Yes (Please specify below)

Availability (Indicate days of week and time)

| | | |
|--|---|----------------------------------|
| EDUCATION | | |
| Elementary: <input type="checkbox"/> Completed <input type="checkbox"/> Uncompleted | Secondary: <input type="checkbox"/> Completed <input type="checkbox"/> Uncompleted | Number of years completed: _____ |
| Post-secondary: <input type="checkbox"/> Completed <input type="checkbox"/> Uncompleted | Graduation year: _____ Title of diploma: _____ | |
| _____ | | |
| _____ | | |

EMPLOYMENT EXPERIENCE

Are you presently, or have you ever been an employee of the Federal Public Service, a Crown Corporation, the RCMP, the Armed Forces or a Governor-in-Council Appointee? Yes No

If yes, and are presently an employee, are you a : Casual Indeterminate

If yes, and have been an employee, are you receiving a government pension? Yes No

If yes, include your retirement date (yyyy/mm/dd): _____

Business number (GST-HST), if applicable: _____

| | | | | |
|--------------------------------------|--------|------|-------------------|-----------------|
| 1. Name of present employer | | | From (yyyy/mm/dd) | To (yyyy/mm/dd) |
| Address (number and street) | Apt. # | City | Province | Postal code |
| Job title and description of duties: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| | | | | |
|--------------------------------------|--------|------|-------------------|-----------------|
| 2. Name of previous employer | | | From (yyyy/mm/dd) | To (yyyy/mm/dd) |
| Address (number and street) | Apt. # | City | Province | Postal code |
| Job title and description of duties: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

EMPLOYMENT OR VOLUNTARY INTERPRETING EXPERIENCE

| | | | | | |
|---------|-------------------|-----------------|---------|-------------------|-----------------|
| 1. Name | From (yyyy/mm/dd) | To (yyyy/mm/dd) | 2. Name | From (yyyy/mm/dd) | To (yyyy/mm/dd) |
| 3. Name | From (yyyy/mm/dd) | To (yyyy/mm/dd) | 4. Name | From (yyyy/mm/dd) | To (yyyy/mm/dd) |

NAME THREE PERSONS WHO KNOW OF YOUR WORK AND WHOM WE MAY CONTACT CONFIDENTIALLY:

| | | |
|----------------------------|-------------|-------------------------|
| 1. Name and position title | Employed by | Telephone number () |
| 2. Name and position title | Employed by | Telephone number () |
| 3. Name and position title | Employed by | Telephone number () |

ALL INTERPRETERS MUST SUCCESSFULLY PASS A SECURITY SCREENING LEVEL OF RELIABILITY STATUS

All of the information I have given in this form is true to the best of my knowledge.

Signature

Date (yyyy/mm/dd)