

NATIONAL LANGUAGE SERVICE CORPS (NLSC) APPLICATIONFOR NLSC USE ONLY
CONTROL NUMBEROMB No. 0704-0449
OMB approval expires
Jan 31, 2022**PLEASE RETURN YOUR COMPLETED FORM TO:
NATIONAL LANGUAGE SERVICE CORPS, P.O. BOX 12221, ARLINGTON, VA 22219-2221**

The public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0449). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 131, Office of the Secretary of Defense; DoD Directive 5124.02, Under Secretary of Defense for Personnel and Readiness (USD(P&R)); and 50 U.S.C. 1913, National Language Service Corps.

PRINCIPAL PURPOSE(S): To allow U.S. citizens with language skills to self-identify their skills for the purpose of temporary employment on an intermittent work schedule or service opportunities in support of DoD or another department or agency of the United States. The information will be used to determine applicants' eligibility for NLSC membership and to identify and contact NLSC members.

ROUTINE USE(S): To another department or agency of the United States in need of temporary short-term foreign language services, where government employees are required or desired. For a complete list of routine uses, visit the applicable system of records notice at: [Caution-http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/](http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/) < [Caution-http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/](http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/) >

DISCLOSURE: Voluntary; however, failure to provide information may result in non-enrollment in the NLSC and refusal to grant access to member areas of the NLSC portal.

SECTION I - PERSONAL INFORMATION

1.a. TITLE (X one) <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> DR.		b. LAST NAME	c. FIRST NAME	d. MIDDLE NAME	e. NICKNAME
2.a. STREET ADDRESS					b. APARTMENT/SUITE NUMBER
c. CITY		d. STATE	e. ZIP CODE	f. COUNTRY	
3. TELEPHONE NUMBERS					
a. CELL/MOBILE		b. HOME		c. WORK	
4. E-MAIL ADDRESS					

SECTION II - GENERAL INFORMATION

5. HOW DID YOU LEARN ABOUT THE NLSC?	
6. (X one) <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT (GREEN CARD HOLDER) <input type="checkbox"/> TEMPORARY RESIDENT (I-688 CARD) <input type="checkbox"/> TEMPORARY VISA (STUDENT/OTHER)	
7. ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. IF YOU ARE A MALE, U.S. CITIZEN AND AT LEAST 18 YEARS OLD, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
9. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A FEDERAL EMPLOYEE (Not a contractor)? <input type="checkbox"/> CURRENT <input type="checkbox"/> FORMER <input type="checkbox"/> RETIREE	
10. HAVE YOU EVER BEEN A POLITICAL APPOINTEE IN ANY CAPACITY FOR THE U.S. GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. HAVE YOU EVER SERVED IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. IF YOU HAVE EVER HELD A SECURITY CLEARANCE, PLEASE ANSWER THE FOLLOWING:	
a. TYPE: <input type="checkbox"/> TS/SCI <input type="checkbox"/> TS <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> OTHER (please specify) _____	
b. STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE DATE GRANTED: _____	
SPONSORING AGENCY: _____ EXPIRATION DATE: _____	
13. ARE YOU WILLING TO TAKE A DRUG TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	14. ARE YOU WILLING TO UNDERGO A BACKGROUND CHECK INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO

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SECTION III - EDUCATION

15. PLEASE ENTER INFORMATION RELATED TO YOUR HIGHEST LEVEL OF EDUCATION:

a. NAME OF SCHOOL			
b. CITY	c. STATE	d. COUNTRY	
e. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		f. DATE: _____ <small>(MM/DD/YYYY)</small>	
g. DEGREE RECEIVED:	h. MAJOR(S):		

SECTION IV - LANGUAGE INFORMATION

16. PLEASE LIST ALL YOUR LANGUAGES BELOW AND ANSWER:

ENGLISH LANGUAGE	a. HOW WOULD YOU RATE YOUR SKILLS IN ENGLISH? <i>(X one)</i>		
	<input type="checkbox"/> NATIVE <input type="checkbox"/> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		
	b. WHERE DID YOU LEARN ENGLISH? <i>(X all that apply)</i>		
	IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD <input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION
		<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL <input type="checkbox"/> COMMUNITY/CHURCH/OTHER FORMAL TRAINING
OUTSIDE THE U.S. <input type="checkbox"/> AT HOME <input type="checkbox"/> SCHOOL (K-12) <input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD			
c. HOW OFTEN DO YOU USE ENGLISH? <i>(X one)</i>			
<input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> RARELY			
d. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN ENGLISH? <i>(If so, please list them below)</i>			
NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____ <small>(MM/DD/YYYY)</small>			
NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____ <small>(MM/DD/YYYY)</small>			

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ENTER FIRST NON-ENGLISH LANGUAGE	<p>a. HOW WOULD YOU RATE YOUR SKILLS IN THIS LANGUAGE? <i>(X one)</i></p> <p> <input type="checkbox"/> NATIVE <input type="checkbox"/> VERY GOOD <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR </p>											
ENTER FIRST NON-ENGLISH LANGUAGE	<p>b. WHERE DID YOU LEARN THIS LANGUAGE? <i>(X all that apply)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">IN THE U.S.</td> <td style="padding: 2px;"><input type="checkbox"/> AT HOME AS A CHILD</td> <td style="padding: 2px;"><input type="checkbox"/> SCHOOL (K-12)</td> <td style="padding: 2px;"><input type="checkbox"/> HIGHER EDUCATION</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small></td> <td style="padding: 2px;"><input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING</td> </tr> </table>	IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION	<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING				
	IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION								
<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING										
<p>OUTSIDE THE U.S.</p> <p> <input type="checkbox"/> AT HOME <input type="checkbox"/> SCHOOL (K-12) <input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD </p>												
<p>c. HOW OFTEN DO YOU USE THIS LANGUAGE? <i>(X one)</i></p> <p> <input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> RARELY </p>												
<p>d. HAVE YOU EVER WORKED AS A...</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> TRANSLATOR</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> <tr> <td><input type="checkbox"/> INTERPRETER</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> <tr> <td><input type="checkbox"/> LANGUAGE TEACHER</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> </table>	<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____	<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____	<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<p>e. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN THIS LANGUAGE? <i>(If so, please list them below)</i></p> <p> NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____ <small>(MM/DD/YYYY)</small> </p> <p>_____</p>												

ENTER SECOND NON-ENGLISH LANGUAGE IF DONE, PROCEED TO QUESTION 15	<p>a. HOW WOULD YOU RATE YOUR SKILLS IN THIS LANGUAGE?</p> <p> <input type="checkbox"/> NATIVE <input type="checkbox"/> VERY GOOD <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR </p>											
ENTER SECOND NON-ENGLISH LANGUAGE	<p>b. WHERE DID YOU LEARN THIS LANGUAGE? <i>(X all that apply)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">IN THE U.S.</td> <td style="padding: 2px;"><input type="checkbox"/> AT HOME AS A CHILD</td> <td style="padding: 2px;"><input type="checkbox"/> SCHOOL (K-12)</td> <td style="padding: 2px;"><input type="checkbox"/> HIGHER EDUCATION</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small></td> <td style="padding: 2px;"><input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING</td> </tr> </table>	IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION	<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING				
	IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION								
<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING										
<p>OUTSIDE THE U.S.</p> <p> <input type="checkbox"/> AT HOME <input type="checkbox"/> SCHOOL (K-12) <input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD </p>												
<p>c. HOW OFTEN DO YOU USE THIS LANGUAGE? <i>(X one)</i></p> <p> <input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> RARELY </p>												
<p>d. HAVE YOU EVER WORKED AS A...</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> TRANSLATOR</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> <tr> <td><input type="checkbox"/> INTERPRETER</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> <tr> <td><input type="checkbox"/> LANGUAGE TEACHER</td> <td><input type="checkbox"/> PAID</td> <td><input type="checkbox"/> UNPAID</td> <td>NUMBER OF YEARS: _____</td> </tr> </table>	<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____	<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____	<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____									
<p>e. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN THIS LANGUAGE? <i>(If so, please list them below)</i></p> <p> NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____ <small>(MM/DD/YYYY)</small> </p> <p> NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____ <small>(MM/DD/YYYY)</small> </p>												

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ENTER THIRD
NON-ENGLISH
LANGUAGE

IF DONE, PROCEED
TO QUESTION 15

a. HOW WOULD YOU RATE YOUR SKILLS IN THIS LANGUAGE? *(X one)*

NATIVE VERY GOOD GOOD FAIR POOR

b. WHERE DID YOU LEARN THIS LANGUAGE? *(X all that apply)*

IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION
	<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING
OUTSIDE THE U.S.	<input type="checkbox"/> AT HOME	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD

c. HOW OFTEN DO YOU USE THIS LANGUAGE? *(X one)*

ALWAYS SOMETIMES RARELY

d. HAVE YOU EVER WORKED AS A...

<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____

e. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN THIS LANGUAGE?
(If so, please list them below)

NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____
(MM/DD/YYYY)

ENTER FOURTH
NON-ENGLISH
LANGUAGE

IF DONE, PROCEED
TO QUESTION 15

a. HOW WOULD YOU RATE YOUR SKILLS IN THIS LANGUAGE?

NATIVE VERY GOOD GOOD FAIR POOR

b. WHERE DID YOU LEARN THIS LANGUAGE? *(X all that apply)*

IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION
	<input type="checkbox"/> AT HOME AS AN ADULT <small>(e.g., with family/spouse)</small>	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING
OUTSIDE THE U.S.	<input type="checkbox"/> AT HOME	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD

c. HOW OFTEN DO YOU USE THIS LANGUAGE? *(X one)*

ALWAYS SOMETIMES RARELY

d. HAVE YOU EVER WORKED AS A...

<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____

e. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN THIS LANGUAGE?
(If so, please list them below)

NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____
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NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____
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ENTER FIFTH
NON-ENGLISH
LANGUAGE

IF DONE, PROCEED
TO QUESTION 15

a. HOW WOULD YOU RATE YOUR SKILLS IN THIS LANGUAGE? (X one)

NATIVE VERY GOOD GOOD FAIR POOR

b. WHERE DID YOU LEARN THIS LANGUAGE? (X all that apply)

IN THE U.S.	<input type="checkbox"/> AT HOME AS A CHILD	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> HIGHER EDUCATION
	<input type="checkbox"/> AT HOME AS AN ADULT (e.g., with family/spouse)	<input type="checkbox"/> DEFENSE LANGUAGE INSTITUTE OR OTHER U.S. GOVERNMENT SCHOOL	<input type="checkbox"/> COMMUNITY/ CHURCH/OTHER FORMAL TRAINING
OUTSIDE THE U.S.	<input type="checkbox"/> AT HOME	<input type="checkbox"/> SCHOOL (K-12)	<input type="checkbox"/> COLLEGE <input type="checkbox"/> WORKING/LIVING ABROAD

c. HOW OFTEN DO YOU USE THIS LANGUAGE? (X one)

ALWAYS SOMETIMES RARELY

d. HAVE YOU EVER WORKED AS A...

<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> INTERPRETER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____
<input type="checkbox"/> LANGUAGE TEACHER	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	NUMBER OF YEARS: _____

e. HAVE YOU TAKEN ANY CERTIFICATION TESTS OR FORMAL TESTS IN THIS LANGUAGE?

(If so, please list them below)

NAME OF TEST: _____ TEST DATE: _____ TEST SCORE: _____
(MM/DD/YYYY)

17. OTHER QUALIFICATIONS *(If you have other qualifications which you feel are beneficial or complementary to this application, please describe briefly here or attach additional pages with your full name and date at the right of each additional page)*

SECTION V - APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for dismissal from the organization after I begin work and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

18.a. SIGNATURE

b. DATE (MM/DD/YYYY)